THE SURVEY

MIDMONTHLY JUNE 1948

HEALTH FOR THE NATION

DIAGNOSES AND PRESCRIPTIONS

SECURITY IN FAMILY LIFE

THREATS AND OPPORTUNITIES

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THE SURVEY MIDMONTHLY

JUNE 1948

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The two Conferences which are reported in this issue will have a continuing influence on both the health and family life of the country. The specific subjects which were the concern of conference deliberations are fully covered in the following pages. We believe this material speaks for itself. Quite aside from the subject matter, however, each one of these conferences provided a demonstration to be admired, even emulated.

Extended Areas

In dealing with a new group, community organizers and other group-workers have long known the trick of focusing attention on a non-controversial issue, of establishing rapport by undertaking some relatively simple and innocuous job or discussing long range objectives that provide no immediate threat. The Health Assembly went much further. It brought together people with every kind of an interest in health and undertook to explore and delineate all the "areas of agreement." Everyone was surprised to find out how broad were the "areas." They fell only a little short of providing a complete pattern for a national health program. They gave ample scope for united action in many directions. But this approach did more. It induced a climate in which even the areas of non-agreement could be recognized and discussed without acrimony. As a technique, it deserves consideration by communities, perhaps even by nations.

Limited Time

The example of the National Conference on Family Life was even more unusual. It decided to disband after it had completed its job. Only a skeleton staff will remain until January, to distribute material and edit conference reports. These may be secured at cost from Mrs. C. H. L. Pennock, National Conference on Family Life, 10 East 40 Street, New York 16.

In his final talk to the Conference, Eric Johnston urged delegates to stimulate local conferences on family life. There were some reports of tentative plans already made. Family life will be well served if, as a result of this Conference, communities throughout the nation convene different professions and groups with differing disciplines to consider the strengths, needs and problems of family life.

This does not necessarily mean new permanent councils on family life. There is hardly a town without a council of social agencies, adult education council, or other community-wide body equipped to sponsor such a conference. The carry-through in local communities will in most instances best be left to agencies and organizations now existing. It is to be hoped that those responsible for local conferences will show the same restraint as those responsible for the National Conference.

The Last Word

As this issue of THE SURVEY goes to press, the last word on social security measures has still to come from the 80th Congress.

Social workers and others whose daily business is with human welfare also await with concern further action on the matter of restoring cuts in appropriations for vital services of the Social Security Administration. Though the need for better coverage looms large, quality of program depends to a great extent on adequate administrative services. Budget items for research and statistics and information were curtailed by 57 percent and 73 percent respectively. Social work representatives, among others, have protested these cuts before the Senate Appropriations Committee, which restored $81,000. Now, President Truman has vetoed the bill because it provides for the transfer of the United States Employment Services from the Department of Labor to the Federal Security Agency.

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SO THEY SAY

KINSEY COMMENDED

To THE EDITOR: Allow me to congratulate you on the summary of the sessions of the American Social Hygienists on the Kinsey report. It is very well done. It does not do what *Times* and *Tribune* have steadily stood for—emphasis on balks and criticism and suppressed praise. When the two sides were given by some reporters present, I know the editors cut out commendations. I hope you will let the writer know how heartily I praise her balanced summary of this difficult session. ROBERT L. DICKINSON, M.D.
New York City

I was pleased to see Kathryn Close's article on Kinsey—admirably organized, impartially presented, but carrying an important and effective kick.
Boston, Mass. PORTER SARGENT

A WRONG NOTE?

To THE EDITOR: I was surprised to read in your April "Washington Byways" the "Political Note" making light of Henry Wallace's genuine interest in domestic issues like social security, especially since I had just read a note about Wallace's address to the National Conference of Social Work at Atlantic City on April 21, in which he outlined a social security program. . . . L. A. ELDRIDGE, JR.
Great Neck, L. I.

Editor's note: As reader Eldridge went on to suggest, we did give a brief summary (brief because of our eternal space problem) of Mr. Wallace's address at the conference in the subsequent May issue of THE SURVEY, page 158, under "The Public Welfare."

MISTAKEN IDENTITIES

To THE EDITOR: . . . Dr. Corner is not chairman of the Rockefeller Foundation's Committee on Research in Problems of Sex. He is chairman of the National Research Council Committee on Research in Problems of Sex. The foundation gives money to the council, which sponsors many research projects. One of these projects is the Kinsey study.

DOROTHY MILLSTONE
American Social Hygiene Association

Editor's note: Our editorial face is doubly red—once for the error in identification of the above committee, and again for the slip in photograph caption in the same article, which made Fowler V. Harper, *Lawyer Fowler* instead of *Lawyer Harper*. Our apologies to both Dr. Corner and Mr. Harper.

SAVED BY A HAIR

To THE EDITOR: Please would you permit Japanese student tell you on page 113 April SURVEY protagonist not opposite meaning of antagonist. Protagonist mean him that takes leading part in any great matter; could be antagonist is it not? Humble servant,
New York City K.S.

Editor's note: Our reader is precise and according to Webster. But our author and proofreader escape censure by a technicality. Webster gives us a second definition: "the spokesman or agent for a cause, party, etc.; the prime mover; loosely a champion; advocate; defender."

MEMO FROM D. A.

To THE EDITOR: I have just completed the article by Eleanor Lake on the report of Negro crime in San Francisco, entitled "Memo for D.A." [THE SURVEY, April.] I think she did a splendid job.

It would be my suggestion that district attorneys throughout the country be urged to take a greater interest in some of the underlying causes of crime. They have been glamorized in the press, radio, and newspapers, and could do a fine job of crime prevention.
District Atty., EDMUND G. BROWN
San Francisco, Calif.

MUCH ADO ABOUT MARCH

To THE EDITOR: Congratulations on the March SURVEY! . . . a swell job of reporting. ROBERT E. BONDY
National Social Welfare Assembly
New York City

"Home Town Goes to Washington" . . . brings out the key point of all the meetings most effectively. . . . The italicized introduction is such a graphic picture. MARY K. DABNEY
Community Chests of America

The March SURVEY came today. It would seem that day-by-day it is improving and becomes more interesting because of variety.

LOUIS W. HORNE
Community Chest and Council
Lincoln, Nebraska

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Trusteeship—A. D. 1948

ARTHUR MAG

Rich men will continue to leave their fortunes for the benefit of their fellowmen. Their motives may differ. Some may have family disappointments, some may wish to avoid taxation, others may desire to immortalize themselves with their philanthropies, but in most cases they will be inspired by a sincere desire to help the society in which they live. Recognition, however, is growing, that there has been an evolution in the art of giving, as in other activities. Gifts intended to meet a particular need in perpetuity, once generally approved, are now outmoded. Only through flexible trusts can the social vision of the founder be adjusted to meet the needs of our dynamic society.

A few examples eloquently demonstrate the futility of trusts for restricted charitable purposes. Here and in England, thousands of foundations and trusts have ceased to operate. Billions of dollars are lying idle here and there because the needs which they were intended to meet have largely disappeared.

In the Bryan Mullanphy will of 1851, that good Missouri testator gave a huge sum of money in trust for the benefit of poor immigrants passing through St. Louis on their way bona fide to settle in the West. Time paralyzed this trust's usefulness except for the fees periodically paid lawyers in defending its existence in the Missouri courts. Only recently, after much litigation, was it transferred to the general purposes of Travelers Aid in St. Louis.

A $5,000,000 fund, now $8,000,000, was left in 1922 to be spent "to create works of public utility and beauty" but with the proviso that the money was not to be used to maintain whatever it created. Boston has been unwilling to accept the burden and the fund accumulates unused.

Hershey, of chocolate bar fame, established a $60,000,000 trust for a home and school for orphan boys. From the standpoint of cold facts, what he really did was to consign his fortune to a dead letter office. It is the aim of discriminating charity today to make orphan asylums things of the past. Two well-known orphanages in an Eastern city, with an $8,000,000 endowment, are today caring for only about 150 beneficiaries. If Mr. Hershey had investigated the problem he would at least have given his trustees a discretionary alternative.

A somewhat similar situation exists in Kansas City with a fund of almost $1,500,000 taking care of thirty orphan boys. If only the donors had given the trustees the same discretion in the use of the income as they did with the investment of the principal, how more richly could the trustees perform their stewardship and give to the public the social benefits intended by the testator.

Education for Donors

Instances could be multiplied where gifts of well intending but shortsighted donors have become useless, purposeless, impossible.

Recently I was visited by a man who wanted to establish a trust fund for the erection and maintenance of a children's recreation center in the north end of Kansas City. His favorite preacher had interested him. I asked him whether he was satisfied such a facility was not already available, whether other funds had not been established for this purpose, whether the government did not contemplate soon taking over this phase of child welfare, whether Kansas City's $40,000,000 bond program then being formulated would not provide such a plant,* whether he had made a study of the population trends in Kansas City and, finally, would such a building and fund serve a long time purpose. I asked him if he did not think he would be repeating the errors of others who restricted their gifts. He left somewhat confused but after reflection returned to execute a modern, discretionary, charitable trust. He made no mistake but he did leave for the trustees named a serious responsibility.

Now that the modern flexible charitable trust is being adopted more and more, the challenge falls on the trustees. Few are meeting it. Distributions are made either to establish new agencies or for special projects which become the permanent responsibility of the sponsoring trust. Some are selected to meet real community deficiencies, but most of them only because they represent the influence and enthusiasm of a small number of outstanding citizens. Few are promoted as part of a unified community plan. Practically no trustees take into account or join their efforts with others administering funds left for similar purposes. Few are developing long range programs, and even fewer are approaching the problems in a scientific way. Only the very large trusts operating nationally and internationally have acted as pace setters and pioneers.

That this challenge is not easy to meet is well demonstrated by the experiences of the trustees of the Carrie J. Loose Fund in Kansas City. Here was a model general charitable trust amounting to about $2,000,000. Since 1931, when the litigation involving its validity was successfully defended, the trustees have almost doubled the capital account and at the same time distributed to Kansas City institutions and agencies from income approximately $1,750,000.

Arthur Mag, prominent Kansas City attorney, is one of the Foundation trustees who played a major part in the developments reported in this article.

The staff of Community Surveys, Inc., which conducted the survey that Mr. Mag describes, consisted of: Thomas Devine, survey director; Bradley Buell, chief consultant; Howard Strong, associate director; Reginald Robinson, pilot study; Paul T. Beisser, assistance and social adjustment; David F. DeMarche, private recreation; John W. Herring, adult education; Ross P. Kandle, M.D., health; Alonzo F. Myers, higher education and culture; and Homer C. Wadsworth, public recreation.

* **Six months later, Kansas City did vote $2,000,000 for recreation centers.**

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With the depression of the Thirties, it appeared necessary to devote most of the income from the fund to relieving individual needs. By making almost $250,000 available before the federal and state governments were organized to handle relief, bread lines in Kansas City were prevented. The aged whose families could no longer support them were taken care of; children were housed, clothed and given medical attention; and the funds of the agencies in many other fields which the community chest could not adequately finance were augmented. Over $100,000 was distributed to Catholic charities which were not participating in the community chest. The trustees helped start the Jewish Welfare Federation of Kansas City with $25,000 and continued this for a few years until it could take care of itself. Supervision for twenty playgrounds in Kansas City was provided, when there were no city funds for this purpose. Scores of agencies in almost every welfare and health field now display plaques stating:

This Institution is a beneficiary of the Carrie J. Loose Fund established by her son Harry Wilson Loose.

It was not an easy program. In some years the trustees screened applications from over eighty institutions and agencies. Each petitioner was convinced that his cause was exceptional. A few proposals were excellent, many good, but a large number commonplace or mediocre. Much was accomplished during this period without making any long time grants, assuming any permanent obligations or putting money into brick or mortar. It was done without relieving the public of responsibility for those agencies supported through the community chest, or otherwise.

Some years before the war, the trustees realized that the extension of the functions of government through city, state, and federal welfare programs would soon provide for most of the city's basic needs. They recognized that they had to adjust themselves to the shift in the concept of government obligations, to reorient their interests.

In determining what new fields to enter, the trustees felt the need for an analysis of Kansas City, its human resources, its physical and financial assets, its people and all other pertinent factors which might affect their conclusions. To this end and after long investigation, Community Surveys, Inc., of New York City, was asked to make a rough inventory or "pilot plant" study of Kansas City's services and major social problems. Some intersting basic facts were soon brought out—some of which were known by many but appreciated by few.

There are in Kansas City over one hundred agencies, public and private, doing some form of family and child welfare, health and educational work. Over $7,000,000 is now spent annually by scores of units of Kansas City in the complex field of family and child welfare alone. More than $21,000,000 annually is spent in all fields of general community welfare, yet no long range programs appear to exist and the work that is being done, while worthy and in some instances excellent, is more often commonplace. As elsewhere, there is overlapping, confusion in respect to functions, a clinging to traditional services in the face of expanding public programs, rising costs and a dilution of standards of many agencies.

Having obtained an outline of the more urgent problems and needs, the trustees of the Carrie J. Loose Fund invited other foundations and trusts in Kansas City to join them in calling in specialists without local affiliations or prejudices to study intensively the fields of health and social welfare, recreation, culture, and higher and adult education.

The trustees of three other large funds promptly saw the value of the program. An informal understanding was reached to consider jointly (1) Kansas City's over-all needs as the basis for the support of specific projects by each fund; (2) a plan for continuous review of the total needs and services in the fields to be included in the study before making a final decision about any particular activity; (3) the acceptance of the principle that the expenditure of money for any specific project should be governed by its relationship to the total community program; and (4) that it should be not only a "worthwhile" activity but one which would provide the greatest possible benefit to the people of Kansas City. So far as we have learned, it is a joint undertaking without parallel.

Specialists and Citizens

Community Surveys, Inc., then was employed to send to Kansas City a staff of specialists under a supervisory director to survey and report their detailed findings and make recommendations with respect thereto. To assist the trustees of the participating trusts in evaluating the counsel of this survey staff, six of Kansas City's leading citizens representing different walks of life and interests were invited to act as an advisory committee. They together with the trustees have met regularly as the studies progressed. After almost five months the report, comprehensive and excellently prepared, is in the hands of the trustees and their advisory committee for consideration.

These experts have placed before the trustees of four large Kansas City trusts the significant up-to-date facts upon the resources of Kansas City and the emerging needs of the community. They have pointed out what the city, county, state, and federal governments are already doing, should be doing, and plan to do. They have revealed what programs already are in progress to relieve, cure or prevent, what overlapping exists and how it can be eradicated; what cooperation there is or should be between voluntary agencies themselves or between them and the tax-supported agencies; what private agencies have started or soon plan to start campaigns for large capital expenditures; what facilities exist and are not being fully utilized; what functions should be transferred to public agencies; what services are lacking or inadequate and how these should be supplemented; how new projects will fit into the over-all community pattern and which will do the most good for the greatest number and how the interest and cooperation of the public can be obtained for them—all to the end that some of the causes of adverse social conditions may be remedied and Kansas City may be made a better place in which to live.

They have revealed the importance of current and complete information about community problems; that without extensive, factual data objectively and continuously collected and interpreted, without pressure of any sort, there can be no long time welfare planning; that armed with basic facts intelligently analyzed, an influence on community life can be exerted far out of proportion to the amount of money spent.

The survey report or pertinent parts thereof will be supplied to trustees of other trusts; to all divisions of government, to committees of citizens, to all voluntary agencies and institutions operating in Kansas City, and to others who may desire to establish foundations

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so that new and existing projects may be soundly evaluated on a factual basis, and planning may be done for the city as a whole as well as for specific areas and populations.

Open Membership

The participating trusts are establishing a Foundation Council of Kansas City to which any trust or foundation with funds available for Kansas City purposes may be admitted to membership. The obligations of each member will be (1) to submit any request for a new project or development to the council for study before acting thereon, and (2) to pay its share of the accrued administrative expense until it withdraws.

All applications for aid will be referred to the executive director who will study and comment upon them before final action by the council. The council will also have the benefit of a research staff and its never-ending analyses and studies made independently of the executive director. If the council approves a project, each foundation or trust will individually decide for itself whether it will sponsor or financially aid the project. After approval, the executive director will be charged with the responsibility of seeing that the project is integrated into and coordinated with the existing services in Kansas City. He will see that public interest is developed in that project and plans carried through for the reduction and subsequent elimination of foundation support.

The trustees of each of these trusts have voluntarily submitted their stewardship to the jurisdiction of a court. Just as the trustees of the Carrie J. Loose Fund have done for years, each will semiannually report its adminstration to the court, the attorney general of Missouri, and the press. The beneficiaries of charitable trusts are the public. It will be kept informed and periodically accounted to even though there is no law in Missouri requiring this.

Thus, the trustees of four large charitable trusts in Kansas City are meeting their challenge. It is hoped others will join them. Each trust will maintain its independence, its autonomy, its vitality, its identity; yet through cooperation and at a low cost to each, together they will furnish the key to progressive improvement on all fronts. As a consequence, great practical benefit can accrue to public and private agencies, through reduction of waste, revision of programs, increase and improvement of established community services, and inauguration of new ones.

Possessed of facts, these trustees will approach their problems of distribution on a scientific basis. They will be enabled to take, and help others to take, the long view. They will consider projects in their relation to the total community needs, and can select those which will provide the greatest benefit for the greatest number of people. They can be the standard bearers of excellence, providing for the growth and expansion of the experimental activities in neglected fields. They have adopted a modern philosophy of stewardship of charitable trusts, and will meet more fully their responsibility not only to the donor but to the public.

What's New?

From **THE SURVEY** *(then Charities Review) 1908*

The experiment has been on trial in Liverpool since 1873, with the most satisfactory result . . . The various charities agreed to present their claims for public support on one sheet, and to make their collections through one office. The first result was to cut off that very objectionable feature of all charities, the very heavy percentage paid for collection, and the next to get rid of indiscriminate begging and giving. Now, after twenty years of experience, there is distributed at the beginning of every year a list of ninety-eight charities, guaranteed by a central committee as worthy of help, and on this list, sent to about 15,000 persons, each subscriber sets down and divides at his discretion his charity subscription for the year, and in some cases a general subscription is made of money to be distributed at the discretion of the central committee . . . Lynn, Massachusetts, is now trying this plan for the fourth year.

At the evening meeting of this section the dominant thought brought out . . . was that good administration of public aid is an integral part of good municipal administration, that politics must mean the promotion of the welfare of the poor and of public, not of partisan, interests.

Dr. F. H. Wines . . . took the attitude that to some extent public relief should be given to the dependents of the state as their right, and not as a charity . . . The question involves problems reaching to the foundation of our social organization.

One of the physicians who spoke, and who seemed to be interested in some provident scheme whereby medical treatment would be given at a cost of a dollar a year per person, made the somewhat remarkable statement that no person with an income of less than $3,000 a year could afford to pay the usual fees for medical treatment.

Mr. Richard Guenther stated . . . that it was desirable to have the laws of the several states as to legal settlement of dependent persons uniform, so that the responsibility for the support of such dependents could be readily determined, and the frequent friction between different states as to such responsibility avoided. . . .

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Children's Prisons

SHERWOOD NORMAN

Field Consultant, National Probation and Parole Association

Ask an adult criminal why he has a grudge against society, and time and again he will mention one crucial period in his life—the first few days after he was picked up, as a youngster, for some act of juvenile delinquency. Bad handling, indifference, the nights spent in jail with thieves and prostitutes, the feeling that the adult world has already written him off as a "criminal"; these things have had a profound influence in confirming a child's resentment of all authority, his feeling of fatalism and despair. When society—in the person of the police, the probation officer and the detention home staff—feels that it must detain a child, it understakes a great responsibility—and meets a great opportunity. It is at this moment of crisis in a child's life that a delinquent may find a helping hand, or be pushed fatally far into the path of antisocial behavior.

How do we, in the United States, handle this detention period?

For the most part, very badly indeed.

In this year of 1948, from 1,000 to 5,000 children are going to spend the day on which you read this article in some city or county jail. (Only two states—Connecticut and New Hampshire—claim *never* to use a jail for children.) Most of these jails have been rated by the Federal Bureau of Prisons as not meeting even minimum standards for adult prisoners. In some cases, the children will be separated from adult prisoners. In others, they will be in contact with all types of human wreckage.

And nearly all these children in jail will be detained for juvenile courts which were established to save children from adult criminal procedures!

Other thousands of children will be held, today, in "detention homes." The name has a comforting sound. What of the actuality? Some are prepared to do a constructive job, but the sober truth is that few detention homes are equipped to meet the great challenge and opportunity of those crucial days between a child's arrest for a delinquency and his hearing in a juvenile court.

In the first place, homes are usually called upon to handle far too many children of widely varying needs. They are, too often, a convenient dumping ground for all kinds of youthful human problems; a safe place in which to keep difficult or troublesome children in cold storage until the adult world can decide what to do about them.

When young Johnnie Doe runs afoul the law, society must, of course, step in for two reasons; first, to flash a stop light in front of Johnnie and let him know that his behavior is not approved; and second, to protect the community against further misbehavior. Unfortunately, too many towns and counties still think both these aims can be met, neatly and easily, by keeping Johnnie under lock and key. We suffer in this country from a sort of "lock-up complex," a panicky desire to put our social problems behind bars. In two of our large eastern cities, at least *one third* of the children detained by the police are released by authorities the next day as not needing detention.

When Johnnie Doe finds himself in this group he spends a night in an atmosphere of delinquency contagion climaxed by five or ten minutes attention from the court or a court representative the next day. If trained probation officers were made available to offer casework services at this critical time, the cost to the child and most of the cost to the taxpayer ($4 to $10) could be saved. It would be unfair not to recognize the heroic efforts of many untrained workers to do work for which they are inadequately prepared.

Casework vs. Detention

Very few children coming to the attention of the court need ever be detained. Those who do need detention fall into two groups:

1. Children whose behavior is so serious, who are so beyond control, that parents or guardians cannot prevent a repetition of acts which are dangerous to others or to the children themselves.

2. Children whose presence in the court, whose return to another town, or whose final placement, can only be guaranteed by detention.

The responsibility for avoiding the wholesale locking up of children rests with our courts, not with the police or a detention home superintendent. Any child picked up by the police should be brought directly to the court during its office hours. After court hours, the police should be asked to cooperate in a mutual agreement on which children actually need detention, and on such important items as informing the court of all children apprehended, whether or not they are detained.

To keep the number of children detained to a minimum, and yet use the crucial time after a delinquent act for beginning the process of rehabilitation, the court must offer probation casework services to the delinquent and his family during the entire time until the court hearing is held. When this is done, a child can remain under supervision in his own home unless he is one of the minority actually needing detention. The cost of good casework services in the court can be balanced against the money that would have been spent in keeping these children in a jail or a detention home. Casework in the home is the best form of "detention" for most children.

Let us remind you of other ways in which detention is abused, besides the common one of using it as a convenient cold storage system for troublesome youngsters.

For one thing, detention homes for delinquent youth are too often used as shelters for dependent and neglected children. You cannot mix the mothering of homeless tots with the care of delinquent adolescents who are under arrest. Detention homes should *never* be used as catchalls by other agencies which have failed to provide proper shelter care.

Again, detention should *not* be used as a punishment, to get back at a child, or because a child seems to have a "bad attitude."

It should *not* be used as a bogeyman to scare school truants.

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And—again—it should never, never be used to keep children "on ice."

When detention is used for any of these purposes, the juvenile court may, all unwittingly, be contributing to delinquency.

What should a good detention home provide for the minority of delinquent children who actually need to be detained?

First, of course, safe physical care and custody. (Most places of detention, unfortunately, think this item summarizes their entire job.)

Second, a full program of activities and a casework approach to the child's immediate problem. (This means offering mental, as well as physical, hygiene.)

Third, an understanding study and observation of the child on a twenty-four hour basis in order to provide the court with information about his potentialities and about his response to treatment. (This means giving the court a professional report to supplement the probation officer's social investigation.)

Tackling the Job

Most detention homes, even the so-called "good ones," do not begin to tackle this job.

Most detention homes in America today are suspiciously like children's jails, in spite of the well-meaning people generally in charge. When they speak of a boy's problems they usually mean *their* problems in handling him, not *his* problems to be understood and skillfully handled. There are no caseworkers in the average detention home. The probation officer, who may be experienced in this field, is too busy gathering data about the social background of the delinquent, or supervising fifty-odd children already on probation, to spend time with a new boy in the detention home.

In most homes, there will be many rules and regulations, many punishments and threats of punishment, to intensify the delinquent's feeling that he has the world against him and has to fight it hard. In most homes, there will be boys and girls of all ages, all degrees of intelligence, from superior to feebleminded, all stages of health from bursting vigor to crippled or epileptic, all stages of education and culture—and all degrees of disturbance, from the mischief-maker to unlimited energy to the actual psychotic. The only thing they have in common, the superintendent often feels, is their troublesome character.

In a few of the better detention homes there is some recognition of the important fact that the social and emotional problems of these children are deeper, more permanently important, than their immediate misdeeds. But with meager staffs and untrained, poorly paid workers, no detention home, however enlightened, can hope to offer the sort of program these youngsters desperately need. The children are given a few entertainments from time to time; and there is the endless round of cards, comic books, and checkers. Disobedience is punished, and everyone is treated as much alike as possible while their idleness is being supervised. The main objectives are simply to keep the children from running away, to provide good physical care, and by means of busy work to keep the sort of order which will present a smooth front to the taxpayers, few of whom realize the extreme instability of most of these children.

What could—and should—our detention homes provide?

Certainly, since delinquency is the result of bad conditions of mental hygiene—using the term in its broadest, modern, socialized sense—the home should offer good mental hygiene for its inmates. This means that it *must* offer professional casework and groupwork services or, if these services are not available, at least keep the casework and groupwork approach.

The Tools to Use

People are afraid that to offer a delinquent a full and varied program will give him a good time and seem to condone his antisocial behavior. The effect of such a full program is rather to convince the youngster of society's genuine concern for his life. He must be made to feel this concern whether he stays for hours or for weeks. Such a program is not a sugar-coating device, or a way of "keeping the kids busy." Properly handled, it can do four invaluable jobs:

1. It can keep a child growing, mentally and spiritually nourished, instead of in a living death.

2. It provides a medium in which adults can meet the children and establish a genuine relationship, basic to any understanding and sympathy, and absolutely vital to delinquents at war with the adult world.

3. It gives the delinquent opportunities for achievement and for personal success, as a preliminary to his later rehabilitation.

4. It gives the staff and the court material for diagnostic purposes.

Actually, the shorter the detention period, the more important it is to provide these intensive program activities. We realize more and more today that this moment in the delinquent's life is crucial, and must be looked back to by him as an opening door through which he walked into a more satisfactory life, instead of a prison which made him ready to resist rehabilitation.

In a constructive instead of punitive detention home, a boy would be given an orientation interview, soon after his admission, by a skilled worker who would welcome his outbursts of feeling or observe his withdrawal without any feeling of pressure, since she would have other chances to interview him during his stay. Such a worker would be given no supervisory or administrative responsibilities, so the youngsters she talked to would be less likely to identify her with the disapproving adult world. In a large home, there would be one of these caseworkers to every twenty children; in a very small one, unable to afford extra help, the superintendent would be expected to have casework training.

In contrast to the usual youth-against-staff undercurrent in today's detention homes, the constructive tradition in this ideal home would be well established *among the children themselves*, however short their stay. Such tradition can be built up, over a period of years, by deliberate, planned effort on the part of a staff truly united in philosophy and purpose. The juvenile underworld soon finds out, usually through the grapevine, whether those people at the detention home are on the square or whether they are like all other adults, not to be trusted.

In this modern, understanding detention home, children are separated into small groups of fifteen or less, according to their different ages and problems, instead of being jammed into the usual bull-pen of a huge dormitory or recreation room. Each unit has at least three activity rooms: a reading and quiet room, a rumpus room, and a project room for creative activities, all arranged in such a way that there can be visual control.

A year-round school operates in such a home; and in addition, there are trained groupworkers to carry on an after-school and weekend program.

When young Johnnie Doe comes

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into such a home, he will try to test its usual reputation for understanding youngsters. He may find that there are slips and errors—there are bound to be; but he will find that, on the whole, he can't crack the home's defenses. He can't get the staff's goat, and bring down those admiration-getting punishments, to raise his status with the gang. Instead, he is met with a calm reasonableness which finally forces him to face his own problems. When he does, he is apt to let down the hard-boiled mask and reveal the young fears, anxieties, and resentments which lie back of his behavior. These revelations, plus the home's psychological studies and its summary of his interests, prove invaluable to the court in finding the best plan for the youngster.

A good detention home report reveals far more of a child's problem from the child's point of view than a probation officer can possibly gather from his social investigation alone. For instance, a detention study may reveal, for some Johnnie Doe, the extreme wisdom or utter folly of a foster home placement. A detention home report plus a probation officer report may spell the difference between a new and hopeful life for Johnnie Doe or a life of crime costing society many thousands of dollars.

Spending for Results

All this is ideal, you may agree, but two practical questions remain to be answered.

One: How can the smaller counties afford a really good detention home?

Two: Can our county authorities ever be convinced that they should spend so much on what seems to be an elaborate program?

The smaller counties, today, often use subsidized boarding homes for detention. These serve the important purpose of keeping some children out of an adult jail, but seldom the older or more disturbed youth. An old residence, remodeled for detention purposes, is sometimes used, but since the physical set-up is necessarily makeshift (often a firetrap) it cannot meet all the special demands of detention care and some children, in the end, are sent to jail anyway.

Certainly, counties with a population of 100,000 or over should be able to build special detention homes, secure enough so that no child need ever spend a night in jail, and so well designed and well staffed that they have none of the flavor of a children's jail. Counties with smaller populations can construct small fireproof shelters especially designed for security and ease of supervision. In these homes, built to look like private houses, qualified couples could be employed to receive children on a per diem basis.

In the smallest counties of all, there may not be enough children needing detention to justify any building at all. (Certainly, no building should be started without a careful study of the need.) Since the state must pay for the care of delinquents who reach state training schools, it seems reasonable to ask the states to assume some responsibility for helping these smaller or poorer counties. A penny spent locally may eventually save a dollar for the state.

Several states have already taken the lead in offering help to counties needing it. Four types of state responsibility have been tried: supervision and licensing; a subsidy to local communities meeting minimum standards; partial state control; and actual state operation of regional detention homes, serving several counties. The per diem subsidy plan has not worked well in practice. More promising is the Virginia plan through which the state pays all maintenance and supply costs and two thirds of the salary for detention home workers.

Connecticut offers the most encouraging plan to date. It operates three regional homes, serving the entire state. While most communities can cut down the amount of jail detention for children with ingenuity and determination, it seems very unlikely that we can keep children completely out of jail until all states offer these regional homes. Such homes, operated with high standards, and including some casework and groupwork, could make it possible for our juvenile courts to operate far more effectively in the years to come..

As to the pay-off question—persuading our local and state governments to spend the amount of money needed for good detention care—that can be answered only by all of us, speaking together. We need the strength of our own convictions. We need more demonstrations of what we already know. We need far better public relations for the social work profession as a whole, to have an informed electorate back of us. Public ignorance of social agency structure and of social needs is appalling. Once there is conviction, there will be pressure; and once there is pressure on any governmental structure, funds have a way of coming forth.

THERE IS A TREMENDOUS JOB TO BE done in our states and counties if detention homes are to help cure children instead of contributing to their delinquency. The best detention homes of today are what the average detention homes should have been in 1920, in spite of all their modern devotion to clean tiles and white linens. We are already too far behind the times, but with more public information, more determination from all of us, the detention home of tomorrow can be something more than a children's prison, something more than a way of keeping our sick and unhappy children in the social cold storage that is the detention home of today.

Definition

A community is a group of people residing in geographical proximity, with a common concern for the conditions, facilities, and services that affect their day-to-day living.

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On May 1-4, over 800 representatives of medical, public health, and lay groups met in Washington on call of Federal Security Administrator Oscar R. Ewing, to discuss the nation's health needs. In the following twelve pages Mr. Ewing and four participants in this National Health Assembly discuss its meaning and report on some of its highlights. Agnes E. Meyer is publisher of the Washington Post. Dr. Ellen C. Potter is deputy commissioner for welfare of the New Jersey Department of Institutions and Agencies. Michael M. Davis is chairman of the Committee on Research in Medical Economics. Quincy Howe is a commentator for the Columbia Broadcasting System.

Essentials for National Health

OSCAR R. EWING

The National Health Assembly, held in Washington the first week in May, has been widely hailed in the press as "the most successful event of its kind in the history of the United States." The success of the Assembly rested on a most unusual measure of cooperation between scientists, laymen, and public officials. From the first session, all three groups were infused with the realization that health is everybody's business—it is not the monopoly of the doctors or the hospitals or the sick, but the urgent concern of us all. I think most of those who were there would agree with me that it was in a very genuine sense a thrilling occasion, because all of us—even those who came as skeptics—were caught up in the vision of a great goal: better health for all the people.

There were three major reasons for calling the Assembly:

First, I needed advice and assistance in shaping a ten-year health plan, in response to President Truman's request for such a program. This, he made clear, was to be not just a paper plan, but a working scheme for progress along many lines. "I am convinced," the President wrote, "that we have scarcely scratched the surface, and that as a nation we can make rapid progress in the immediate future." Clearly, such an undertaking called for the active cooperation of many interested and expert people, in and out of government.

Second, only such a body could map the areas of agreement and disagreement on health problems. To me, and to many others, one of the outstanding achievements of the Assembly was the narrowing of the important areas of disagreement, the discovery of how large is the common ground of the experts in the many fields of health.

Third, the Assembly was called because it is high time for a widespread, popular health movement in the communities where people live. Look back to the war years, when we had millions of volunteers working through the Red Cross, Office of Civilian Defense, and other agencies. All those ardent, self-sacrificing men and women, boys and girls, were bound together in a commonality of interest, their eyes on a single objective. Think what could be accomplished by harnessing the same drive to the solution of local health problems, to the stirring task of preventing disease and disability, of seeing to it that everyone who needs medical care receives it. We need thousands of local groups throughout the land, microcosms of the National Health Assembly, representing all groups in the community, planning and working for better health care.

Ten Year Plan

While preparing this article, I also have been engaged in the task of completing my report to the President. In outlining a ten-year health plan for the United States, it is needless to say that I am drawing heavily on the materials and the findings of the fourteen Assembly sections.

The purpose of this brief discussion with THE SURVEY readers is not to preview the report, nor summarize the conference proceedings. The major findings of the various sections are presented by other writers in this same issue. But I do want to underscore here what seem to me some of the essentials of any adequate health program for this nation, as they emerged from the reports and discussions of those four splendid days.

These essentials are really a call to action in three major fields:

First, we need action in areas of shortage—manpower, hospitals, public health organization, and facilities. The findings of the Assembly made it all too clear that we do not have enough doctors, dentists, nurses, medical technicians, and public health workers of all kinds. We do not have enough hospital beds, particularly for mental cases and for the victims of heart disease. We are short on public health facilities. One third of the 3,070 counties of the nation do not have a full time public health officer. In those that do, only 3.4 percent of the people are served by health departments with enough staff and facilities to meet accepted minimum standards.

In addition to shortages, we have bad distribution. Shortages are more acute in some states and regions than others; more acute in rural areas than in big cities; more acute among Negro Americans than among white Americans. We need to expand our professional schools and training centers, raise the standards of many of them, make it possible for able and ambitious young people to finance their professional education. We must face the fact that many areas—most rural communities, for example—simply do not have the funds to support adequate medical care.

How are we, as a people, to provide all the training, all the equipment, all the services we need if we are to be a truly healthy nation? This was one of the most urgent questions raised by the Assembly. Some answers were offered. They call for study, decision —and *action*.

Second, we need to take definite steps to abolish discrimination in training

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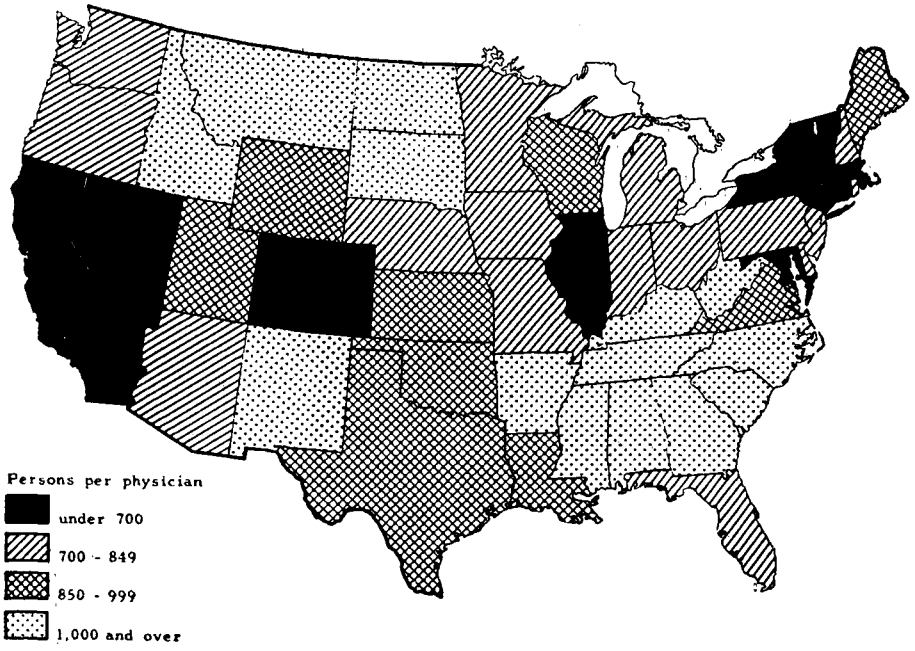
RATIO OF POPULATION TO PHYSICIANS, 1940



and in health service. Here education is the crux of the problem. Obviously, an ignorant nation cannot be a healthy nation. We need to revamp our scheme of things, so that the 6,000,000 children of school age who are not now in school will have their fair chance. At present, they are receiving virtually no preparation for adult life in the modern world. Then there are the inequalities which condemn some groups to inferior preparation for healthy, satisfying lives—rural children as against urban children, Negro children as against white children, Americans of Mexican descent as against young Americans of other national strains. Particularly do we need to redress the injustice which curtails the number of able young Negro Americans who can get education and training—preparatory and professional—for careers in medicine, dentistry, nursing, research.

Our failure to train Negro medical personnel has serious consequences. Today, for every 4,400 Negroes in this country, there is only one Negro doctor, as compared with one white doctor for every 850 of the white population. I realize, of course, that physicians of one race often treat patients of the other, but these figures represent a grave disparity in opportunities for education and training. Hospital facilities and the services of medical centers are even more inadequate than the number of Negro doctors, dentists, and nurses—and this in spite of the fact that Negro Americans represent 10 percent of the total population.

Third, we must solve the problem of paying for medical care, so that the costs of sickness will not break the backs of families, and so that modern medical care to prevent illness and conserve health will not be beyond the reach of the average family budget. This was one of the great new areas of agreement staked out by the Assembly. Distinguished spokesmen for the American Medical Association joined with representatives of labor, farmers, consumers, and other groups in declaring that "the principle of contributory health insurance should be the basic method of financing medical care for the large majority of the American people."

There are various alternatives proposed for action here. I myself am on record as favoring compulsory health insurance, but I am not intransigent. National health insurance is not a goal in itself. I see it as the best method of reaching the real goal—to bring medical care to all the people. If anyone can show me a better method, I'll switch like a shot.

Watch Towers

Out of the Assembly discussion, it seemed to me that four medical-scientific problems loomed up above all others. These were mental health, geriatrics and chronic disease, child care, research. Volumes could be written about each of these. I can only point to them here as the great watch towers along the border between what we have and what we need in knowledge, and personnel, and facilities.

Looking back over the Assembly as a whole, I am impressed again by the spirit in which it worked. Seldom, it seems to me, have professionals and laymen discovered such a vast and significant range of common interest. Let me quote two telegrams that particularly heartened me. Dr. Morris Fishbein, editor of the *Journal of the American Medical Association,* wired: "Again my sincere congratulations on the best meeting of its kind I have ever attended in Washington."

And this came from the Reverend D. A. McGowan, director, Health and Hospitals, National Catholic Welfare Conference: "You have broken down barriers that have kept honest people apart. I see no reason why your objective of health care for all the American people, regardless of race, color or creed, cannot be achieved. . . . You have laid the foundations of a better understanding at every level of a problem that has plagued us for many years."

What is the next step in putting to use the material and the findings of the Assembly? I can, of course, give only my own view. My hope is that out of this meeting will come, before long, a real working formula for the community.

What does the local community require in order to organize a drive for better health? First, a measure of what it has; second, a measure of what it needs. The difference between these two totals represents the health deficit of the community. No family, no business can set to work to wipe out a deficit without knowing exactly where it stands. It is the same with a health deficit, but at present we do not have the tools to measure that. To measure a budgetary deficit, all we need are dollars-and-cents totals. Dollars and cents enter into a health deficit, too. But there are more significant criteria, and these we need to define and learn to use. They are essential for measuring the deficit, and they are essential, too, for measuring progress in climbing out of the "red."

Eventually, I believe we shall have specific blueprints by which a community can go forward. Given the size and shape of its health deficit, it will be possible for the community to get clear and accurate plans for progress. To develop these criteria and draw these blueprints seems to me the next great task of lay-professional cooperation in the health field.

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Many people have asked me about the future of the National Health Assembly. Because of the spirit generated at the Washington meeting, they feel that it should go on, that there should be similar meetings at stated intervals to evaluate progress, consider needs, indicate lines of effort. This question will be answered by the executive committee which is to meet within a few weeks. If the National Health Assembly disappears from the actual scene, it will have made a permanent contribution. It furnished invaluable materials for shaping a ten-year health plan. It gave a tremendous impetus to health efforts all over the country. It provided an amazing demonstration both of interest and of readiness to act—enthusiasm not only in breadth but in depth.

But above everything else, it seems to me the achievement of the National Health Assembly was the creation of a new climate of understanding, a new, united will to lift the health standards of the people of this country.

Getting Services to People

AGNES E. MEYER

Most significant result of the National Health Assembly was the creation of a bridge between the medical profession and consumer groups. For in those three days of discussions, areas of agreement were discovered and outlined by representatives of the American Medical Association, farm groups, organized labor, the cooperative health federations and others interested in better health protection for the nation. Thus the democratic process staged a victory over dangerous group tensions that were predicted to be irremediable.

Therefore, the Assembly accomplished its purpose, for it was called by Federal Security Administrator Oscar R. Ewing, at the request of President Truman, to establish such areas of agreement as a possible foundation for a ten-year health program for the nation. Its operative machinery consisted of fourteen sections on various subjects, formed by an executive committee appointed by Mr. Ewing.

As THE SURVEY asked me to report specifically on the conference's deliberations and findings in respect to the provision of health services, I will here focus attention particularly on the sections on professional personnel, hospital facilities, local health units, rural health, and community planning.

One of the most urgent of all the recommendations came out of the section on local health units, chaired by Dr. Haven Emerson.

Full time local health departments in every city and county, or combination of counties, are essential to a strong health program, this section reported. This recommendation is already embedded in a bill now before the Congress (S. 2189) that would provide federal aid to strengthen local public health units and increase their number so that there will be a nation-wide coverage.

The section also pointed out that local and state health councils, made up of all agencies and individuals concerned with health, as well as business, banking, and industrial groups, should cooperate with health department officials to plan the local program and keep it close to local needs. The consensus was that these councils must arouse the interest, aggressive support, and participation of the entire community in a medical program that is both preventive and curative. It was suggested that the councils emphasize the basic importance of local control of health programs, the primary need for health education, the necessity of removing inequities in medical facilities as between communities and between economic groups in the community, and the values to be derived from lowering high death rates and decreasing incidence of disease and accidents.

Retail Stores

Adequate housing, a living wage, education, recreation, and a good environment, as well as good working conditions, are all involved in physical and mental well-being, it was pointed out, and must be considered part of an over-all health program. However, the success of such broad areas of endeavor is likely to hinge on the provision of adequate local health services. Basic to such services are local health units—the retail points for distribution for complete medical care.

The discussions brought out some of the problems created by the present insufficiency of such units. At present, 40,000,000 people are not reached by local health programs and many others are dissastisfied. The lack of prevention and referral services puts a heavy load on medical care. Where health units do exist they are often tucked away in a cellar room of the court house or jail.

Participants in this section pointed out that the various functions of a health center should involve: a mechanism for tabulating vital statistics and interpreting their significance; control of communicable diseases; sanitation; diagnostic and laboratory procedures; hygiene of human reproduction; information on health education and laws of living.

Such retail health stores will have more and better goods for sale as medical education and research go forward. Local health programs also involve the need for more factual information as to how many doctors, nurses, other medical personnel, and hospital facilities are actually needed in each community. The discussion revealed that at present local health departments meeting the minimum standards are available to less than half of the nation, while two sevenths of the population, largely in rural areas, have no local health units whatever. People today are clamoring for security for their families, the community, and the nation. They must be helped to recognize that the most important factors in security are good physical health and stable emotions.

The section on personnel, under the chairmanship of Dr. Algo E. Henderson, pointed up the great need for more doctors and nurses. This need has been accelerated by a growth in population, increasing federal, state, and local programs, and greater health consciousness on the part of the people. The participants' estimates as to how many additional medical schools and

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doctors may be required were uncertain. But they made it clear that whatever steps are taken to extend medical training, the high quality of our present medical education must and will be maintained.

The personnel section also recognized the importance of training more Negro physicians. This problem is part of the larger problem of improving opportunities for the education of Negroes in general if the number of Negroes qualified to enter medical schools is to meet the acute demand. Here will be the area where follow-up work will be urgent, if this recommendation is to be quickly and effectively implemented.

It was, however, recognized that better general education is also needed by other medical school applicants. Though the best medical schools can still get students of high quality, one eighth of the students in other schools are not proper material. The number of well-trained applicants has decreased as teacher training for the grammar schools has gone down. The bottleneck of talent is at the lowest level of education.

The section on hospital facilities, under the chairmanship of Dr. Charles F. Wilinsky, estimated the need for more hospital beds at 265,000 general, 291,000 mental, 85,000 tuberculosis, and 245,000 chronic disease. This deficit, it was conceded, cannot be met within the ten-year limit set by the President. The Hospital Survey and Construction Act was praised as a sound approach to the problem, but the rural delegates insisted that it should be amended to help the poorer communities benefit by its provisions.

The rural health section, with Joseph W. Fichter as chairman, advocated that every rural farm family be enrolled in a health insurance plan; that every farm have a decent water supply and a sanitary privy; that health facilities, including mobile units for isolated areas and home nursing services, be available to all rural people regardless of race; that every state have a health council and affiliated local councils. The participants of this section agreed that enabling legislation should give local governments the right of taxation for the provision of comprehensive medical care. In regard to the shortage of physicians in rural areas, it was suggested that more doctors might be willing to practice in the country if hospital facilities, more money, and cultural opportunities were available.

Everybody's Business

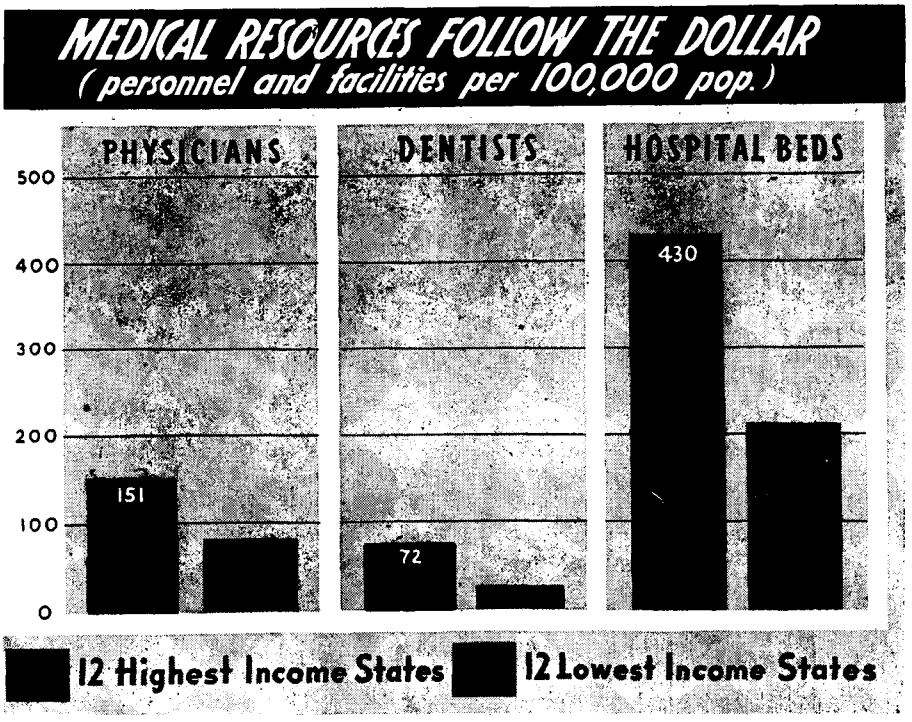
The section on community planning, chaired by Dr. Florence Sabin, pointed up the values of state and local planning councils for bringing about a general recognition and acceptance of health needs and the importance of public expenditures to meet them. It was suggested that only insofar as such recognition is attained will public and private funds, including individual expenditures, be forthcoming in increasing volume to meet health needs. It seemed to be the general opinion that too little is now expended in the preservation and maintenance of health in relation to other expenditures in the national economy. However, it was recognized that any drive for the increase of such expenditures must arise from acceptance by the people as a whole of the values inherent in a healthy nation.

The group also discussed the role of citizens planning projects in gathering a "body of knowledge" as a basis for stimulating action. Health education, it suggested, should encourage the conception of health as something broader than freedom from sickness—a general state of well-being based on social and economic as well as physical conditions. It emphasized the importance of sufficient personnel in carrying through health projects.

The discussions of all these sections —in fact, of the entire conference— was based on two assumptions: that a health program is everybody's business and that its development depends on local initiative and a knowledge of local needs. State and federal help would be needed, it was clear, but since health is a function of the community's total way of life, local autonomy must be preserved.

Nobody dared, probably nobody could estimate what the total bill will be if the program of this National Health Assembly is to become a reality.

But Dr. Louis I. Dublin, who had been influential in urging upon Mr. Ewing and the President that this Assembly should be convened, asked the practical question: "What is the value of a man, and how much is it worth to save him for his family and the community?" He pointed out that when the family bread winner is incapacitated or prematurely killed by disease, the cost of supporting that family is statistically demonstrated to be about $35,000 if the family income was $2,500 a year. When the head of the family is incapacitated, his care represents an additional economic burden to society. In spite of modern medical advances, the total cost of unnecessary deaths and disabilities is still enormous. In comparison, the price of adequate health measures, as outlined by the National Health Assembly, will be small. And besides physical health, it will bring on productivity in material, mental, and spiritual areas —all forces basic to a free economy and a democratic social structure.



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What Our Health Needs Are

ELLEN C. POTTER, M.D.

Eight sections of the National Health Assembly were devoted to discussions of the various kinds of services that a comprehensive health programs implies—maternal and child health, chronic disease, research, rehabilitation, mental health, dental health, nutrition, and environmental sanitation. It is impossible in this short space to do more than scratch the surface of the discussions, but certain common denominators can be noted.

Every section reported progress in the last decade, and particularly in the past five years in respect to chronic diseases and rehabilitation.

Every section deplored personnel shortages and a desperate need for physicians, psychiatrists, nurses, medical social workers, nutritionists, dentists, scientists, and research personnel equipped to meet the demands of the new era in health service into which we are now entering.

Every section in some way overlapped the discussions of every other section, making it obvious that interdependence of each upon the other was essential for maximum results. For example, discussion of the prevention of chronic diseases necessarily involves consideration of maternal and child health, conception, gestation, and early childhood. Nutrition too has a role to play in prevention or amelioration of chronic illness, as well as in promoting maternal and child health, while dental health is also involved. Since the war, rehabilitation services have demonstrated their great power to conserve human resources which once were consigned to the scrap heap.

Implications of mental health were interwoven with discussions of every aspect of physical health, sickness, disability, rehabilitation—and this was natural, for without mental health, life cannot be fully lived and the individual remains an unproductive member of society. In this field the shortage of all kinds of personnel is particularly acute.

Environmental sanitarians reminded the Assembly that, while many sections were dealing with the problems of individual human beings, the sanitary engineers' broad, impersonal assignment (water supply, sewage disposal, pure food, housing) impinges on all and needs the backing of everyone interested in health and welfare services.

Research was recognized by every section as indispensable to understanding present conditions and developing integrated future plans.

So much, then, for the common denominators. What were the high points, either in accomplishment or goals for the future?

Goals Ahead

The section on chronic diseases and the agency process, under the chairmanship of Dr. James R. Miller, accepted as its chart of operations for the future the Joint Statement, "Planning for the Chronically Ill," prepared by the American Hospital Association, the American Public Health Association, the American Medical Association, and the American Public Welfare Association. This statement, based on data assembled during the past three years, has resulted in a program for action covering prevention, treatment, cure, rehabilitation, and the goal of "optimum health."

A common misconception that showed up in the discussions of this section was the confusion in the public mind of chronic diseases as "diseases of the aged." Fully half of all chronically ill are less than forty-five years old and 16 percent are under twenty-five. Early diagnosis, preventive treatment, school health programs and health education, community services at home, in hospitals, in nursing homes, and rehabilitation, all must become part of the over-all pattern of service under skilled medical direction.

However, the shift in the distribution of the American population from youth to age, with a continuing trend predicted until 1980, makes the problem of chronic diseases public enemy number one, and our battle to prevent them a major obligation. Any attack on chronic diseases and the aging process must include not only prevention but also rehabilitation services.

The discussion identified diseases of the heart and arteries as the major chronic enemy. It was pointed out that the discovery of the functional chemistry of arteriosclerosis would be one of the greatest medical events of the twentieth century.

An important point that emerged in the discussions was the fact that the employment of older and disabled persons is not only of social but of economic importance for the country as a whole. Therefore, it was suggested that a revamping of industrial and governmental retirement systems, now based on chronological age, should take place. Such systems, it was urged, should include professionally qualified "retirement boards" to consider the mental and physical capacity of individuals to continue to work at advanced ages.

The section on maternal and child health, under the chairmanship of Dr. Leona Baumgartner, summed up its proposals in the following statement:

"The over-all goal toward which we are working is to assure every child the experiences in life that will result in his attaining adulthood fully mature and healthy in body and mind, emotionally secure, able to give more than is asked for, to face success and frustration with equanimity, to be self-reliant, to cooperate with his fellows, to take his place in a democratic society as a thoughtful, responsible citizen concerned with the common good, and to live harmoniously in a total changing environment."

This section's nineteen recommendations are studded with items about the rearing of children. Obviously the solution of the problems of a disorganized society can only be remedied or prevented by stable, secure, tolerant citizens. On Child Health Day, Dr. Brock Chisholm, director of the World Health Organization, told the Assembly:

"The finding of security on the part of the human being is a need of complete security in small infancy. Complete security in small infancy does not

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depend even on adequate food supply or shelter. There is only one thing on which it does depend to the most important degree—unquestionable, all-embracing, obvious love, and nothing else will give a small child that degree of security on which he can build his citizenship, from which he can afford to adventure into a perilous world."

Participants in the section on research, chaired by Dr. Andrew C. Ivy, warned against the appalling shortage of scientific brains available and ready to enter the public health field. They blamed it on the meager financial returns. Pointing out that research without scientific leadership is not fruitful, they urged that federal funds be made available to foster medical research and to train medical investigators.

The section on rehabilitation, with Dr. Henry H. Kessler as chairman, presented figures from the Office of Vocational Rehabilitation, estimating that 166,000 men and women served by federal and state rehabilitation agencies increased their earnings by more than $600,000,000 and paid federal income taxes in excess of $50,000,000. With the average cost of individual rehabilitation quoted at $450, the results indicate that this is "good business." More than 1,000,000 people now need rehabilitative service, but only about 50,000 are being rehabilitated each year, while every year produces a larger "crop" of the disabled.

The years ahead require more adequate financing by federal and state governments; teaching and training of rehabilitation experts and technicians; research in prosthesis, certification of limb fitters and vendors.

The dental health section, with Dr. Ernest G. Sloman as chairman, stressed the enormous cost of dental caries to the individual and to society; the need of more widespread and understandable dental health education; the wisdom of utilizing dental hygienists under professional direction; elimination of outmoded techniques. Its participants looked to government to promote research and to provide financial support for professional education, as did those of all other sections.

The mental health section, chaired by Dr. William C. Menninger, exhibited considerable concern over the shortage of fully qualified personnel in all branches of mental health work. It considered the problem of "non-psychiatric" personnel as well as the psychiatrically trained, stressing the importance of developing more fully the competence of both groups in dealing with opportunities to promote mental health.

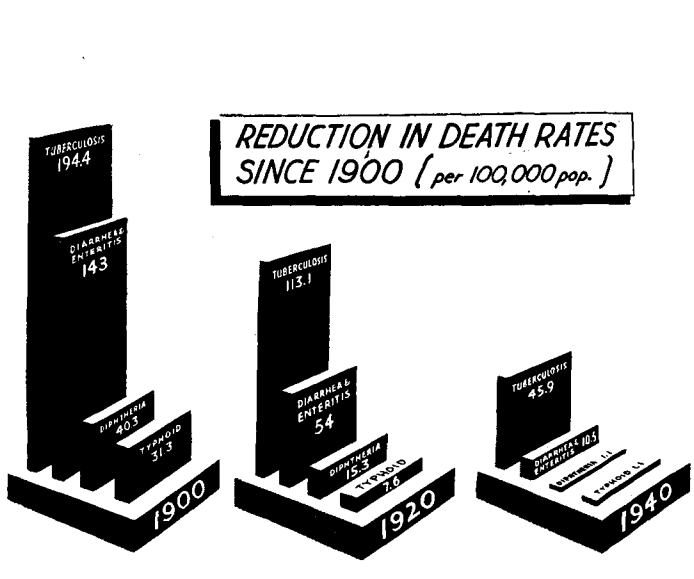
The non-psychiatric group includes public health personnel, the general physician and other medical specialists, nurses and other hospital personnel, social workers, vocational counselors, representatives of management and industry, labor leaders, lawyers, judges, law enforcement officers, recreation workers and, last but not least, teachers. The section suggested implementing the education of these groups through conferences, institutes, work shops, and "flying teams" of teaching psychiatric specialists.

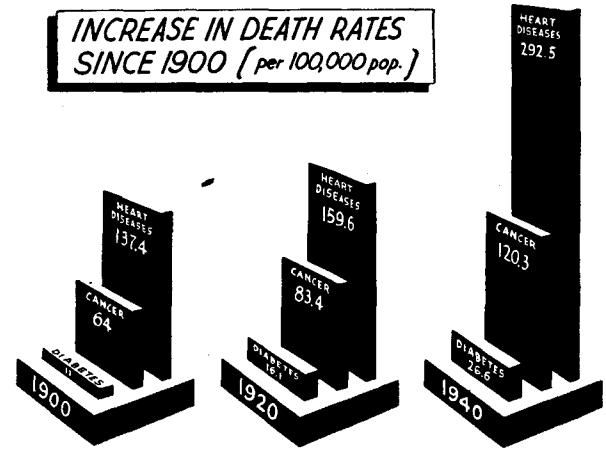
Recognition was also given to the need for improving and expanding psychiatric training facilities, especially with the view of training more "trainers"; community planning for more mental hospital beds as well as for mental hygiene clinic service; study of the cultural environment and its role in mental hygiene; and responsibility of the school in the mental hygiene field.

The section on nutrition, under the chairmanship of Dr. Frank G. Boudreau, urged the creation of national and international nutrition councils such as were previously recommended in the Hot Springs Conference of the United Nations Food and Agricultural Organization in 1943. This section also brought out the importance of basic information on nutrition as a part of the equipment of all persons engaged in health activities.

The section on environmental sanitation, Arthur R. Weston, chairman, called for greater community participation in this field, with need for more money, more personnel, and more research.

The major accomplishment of these meetings might be summed up thus: a recognition of the interdependence of every area of our fields of service upon every other; and a frank acknowledgment of broad areas of complete agreement which can provide the base for future progress.





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Who Will Pay the Costs?

MICHAEL M. DAVIS

The National Health Assembly with its many sections might be compared to a fourteen-ring circus. One issue, however, entered almost every ring—though it was often kept out of the limelight. This was the question: How shall we pay for the tasks which experts agree should be performed?

The section on personnel, for instance, considered scholarships to attract capable young men and women into medicine and to lure them toward practices in places that are now underdoctored. But what good will a medical scholarship program be to small towns unless it is possible to support young doctors who have received scholarships, so that they will be able to make a living in rural areas after they have graduated? Plans must be made for the continued financial support of doctors in many rural areas if the poorer sections of our country are to benefit from the award of medical scholarships. How this should be done is controversial.

Economic problems again hovered around the section on maternal care and child health services where specialists bore witness to their long, steady advance in formulating standards and procedures through which maternal death rates can be cut and children's health improved. But how shall these services be paid for? Should the present federal grants to the states be increased? Should an insurance plan carry more of the load? Should special grants be added, as for school health services? Should publicly supported services be open to all children, or only to those whose parents pass a means test?

Similarly, the problem was at least relevant, if unrecognized, in the section on chronic disease. The experts in this section showed great progress in defining what should be done. But how shall the care of the chronically ill be supported financially? A large proportion of chronic patients cannot finance their own medical care on the usual individual fee-for-service basis, and private charity is insufficient to cope with this problem.

The residuary legatee of the relations between health and the dollar was the section on medical care. Here was a section loaded with potential fireworks. But instead of a shambles it produced unsuspected and long overdue areas of agreement among persons generally considered to be at opposite poles of opinion. Consider the section's first three recommendations:

1. *Adequate medical service for the prevention of illness, the care and relief of sickness and the promotion of a high level of physical and mental health should be available to all without regard to race, color, creed, residence or economic status.*

2. *The principle of contributory health insurance should be the basic method for financing medical care for the large majority of the American people, in order to remove the burden of unpredictable sickness costs, abolish the economic barrier to adequate medical services, and avoid the indignities of a "means test."*

3. *Health insurance should be accompanied by such use of tax funds as may be required to (a) furnish services which are public responsibilties; and (b) supplement health insurance as necessary to provide adequate services for the whole population.* Thus the wholly indigent would be covered. Thus dental and other special services and the needs of some rural areas could be provided for.

Harmony and Difference

Would you think that these pronouncements came from the American Federation of Labor, the Congress of Industrial Organizations, the Farmers' Union, the American Association of Social Workers, or the American Medical Association? Actually, they came from no one of these, but as an agreement of representatives of all these bodies and many others.

Affirming everybody's right to adequate medical care is nothing new to physicians or to informed laymen, though the addition of the antidiscrimination clause gives it timeliness. However, it is something new and important to agree that the "large majority" of Americans should prepay their medical costs while they are well, instead of letting the whole burden fall on their pocketbooks when they are sick or just afterwards.

A few weeks ago after a radio broadcast a listener said to me, "Why, until today I always thought that health insurance was just for low income groups." That idea has been common among lay people and doctors and has been incorporated into many of the voluntary insurance plans sponsored by medical societies. But the second recommedation of the Assembly's section on medical care recognizes that unpredictable sickness can hit any family to a degree only the wealthy can afford, and that the fear of the expense makes many persons postpone or go without needed care. It recognizes that Americans do not want charity, rebel at a means test, and wish to pay their own way.

As the discussions in the medical care section proceeded, it became apparent that, while differences of opinion did exist between organized medicine and the lay groups, the major issue was not health insurance. The issue was whether health insurance should be "voluntary" or "governmental." Then, as the talk went forward, it became clear that two sets of people were really not talking about the same thing. On the one side, physicians who insisted that joining a health insurance plan should be wholly voluntary, maintained that if payments into a health insurance plan were required by law, government would not only compel payment but would run all the rest of the show, including the doctors. They painted pictures of Washington "bureaucrats" telling doctors and people what to do.

On the other hand, the persons who advocated national health insurance displayed a wholly different conception of its functioning. They were just as insistent upon the right of the patient to choose his physician freely as were the representatives of the American Medical Association. However, they

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proposed a national health insurance fund parceled out to states and localities, managed by the people and the doctors in each locality, and operated by various methods, including continuance of many of the voluntary plans that we have today.

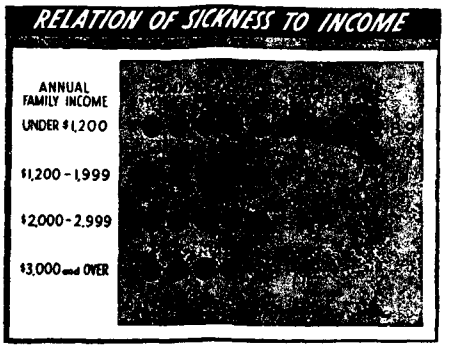
It proved impossible to get an agreement between those who saw government as an ogre and those who viewed it as an instrument.

When the invitations to the National Health Assembly arrived early this spring, many persons remembered the first National Health Conference held in July ten years ago when 200 physicians and laymen, called together at the suggestion of President Roosevelt, filled the ballroom of the Mayflower Hotel in Washington. At that conference the major issue was need—how wide are the nation's health needs and how deep?—but at this year's Health Assembly, four times bigger, the discussion turned less on needs than on what we should do about them. This may have been why the medical care section alone was as large as the whole conference of a decade ago. Physicians, administrators, and representatives of labor, farm, cooperative, women's, veterans', religious, and social work organizations expressed themselves freely.

Harmony and Variations

I came away from the meetings of the medical care section with a heightened appreciation of the American way of hammering ideas out on the anvils of open discussion. Sometimes people get hammered out too. Things moved a bit slowly at first, owing to the too general character of the first batch of assigned papers, but after the audience was given a chance, there were no dull moments. Dr. Hugh Leavell's impartial chairmanship kept the temperature down. Under the official rules that had been given him, representatives of federal government bureaus, including some of the best experts in the country on the subjects under consideration, were not allowed to speak even to answer factual questions. If it had been possible to bring a larger volume of really pertinent data before the meeting, the frontiers of agreement might have been extended still further.

There were lighter moments, too. Everyone who attended will remember how tension dropped and a spirit of medical-lay cooperation blossomed when, toward the end of one of the warmest sessions, Father Donald McGowan of the National Catholic Welfare Council told the story of the early worm who pushed his head out of the earth just after sunrise one spring morning. Close by he perceived another worm protruding. "Good morning," said the first worm, "it's a beautiful day. Let's cooperate to enjoy it." "It is a lovely day," replied the other, "and we certainly had better cooperate, for don't you know, I'm your other end!"



Representatives of seventeen national organizations, representing millions of persons, including two medical groups, drew up an eight-point statement containing the three recommendations already mentioned, plus the following:

4. *Voluntary prepayment group health plans organized on a community or collective bargaining level, embodying group practice and providing comprehensive service, offer to their members the best of modern medical care. Such plans furthermore are the best available means at this time of bringing about improved distribution of medical care, particularly in rural areas. Hence such plans should be encouraged by every means. It is recognized, however, that even under the most favorable circumstances such voluntary plans cannot be expected to cover the health needs of the entire nation.**

5. *The people have the right to establish voluntary insurance plans on a cooperative basis and legal restrictions upon such right (other than those necessary to assure proper standards and qualifications) now existing in a number of states, should be removed.*

6. *High standards of service, efficient administration and reasonable costs require:*

(a) *Coordination of the services of physicians, hospitals and other health agencies in all phases of prevention, diagnosis, and treatment;*

(b) *Efficient cooperation between the providers and the consumers of such services* under the general principle that the responsibility for general policies, finances, and administration should rest preponderantly upon the lay group; for professional standards and procedures, upon the professional group; for mutual consultation on all matters of joint interest, upon both groups.

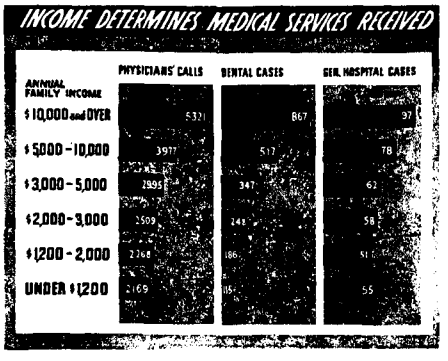
7. A national health insurance plan, assuring free choice of doctor, professional freedom for the doctor and decentralized administration through the maximum utilization of state and local bodies is necessary in order to bring the benefits of health insurance to all who need it.

8. Voluntary insurance plans which provide services and which meet acceptable standards should continue under a national health insurance plan.

Notice the italicized portions. In the steering committee of the medical care section, the two representatives of the American Medical Association agreed with the representatives of labor and farm cooperatives only as far as the italics go. They would not agree to any national health insurance plan, even of the kind described in point 7. They would not agree to sharing administrative responsibility with the people who receive and pay for medical services.

They did agree—and here is a great gain—that voluntary plans cannot reach everyone. (See last sentence, recommendation 4.)* And they also agreed to the people's right to start voluntary health insurance plans themselves. (See recommendation 5.)

The pinch of this fifth point is the fact that some twenty states have restrictive laws on this matter. These laws, passed during the last few years at the instance of state medical societies, limit the right of the people to establish their own insurance plans. In many states, they give control of all voluntary plans to organized medicine.



* *Editor's Note:* This sentence was omitted from the final report of the section drawn up after the Assembly.

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The representatives of organized medicine in this section had been faced for two days by lay men and women from many parts of this country, who had made it courteously but firmly clear that they knew what they wanted. It does not follow that because representatives of the American Medical Association accepted these five and a half points, the official governing bodies of the state medical societies and of the AMA will approve them. Nevertheless, the fact that delegates from organized medicine publicly accepted principles like the above is encouraging to progressive physicians and will strengthen the hand of all lay groups in future national and local conferences with medical societies.

The discussion also made evident that labor and the rural cooperatives will continue their support for national health insurance, although an increasing number of unions are planning to work out health insurance plans with their employers through collective bargaining and to push rural medical cooperatives more aggressively than ever before.

Said Harry Becker, director of the Social Security Department of the United Automobile Workers, and chairman of the CIO delegation at the Assembly: "The labor and other consumer groups cannot compromise on the basic question: a public program for all of the people. As long as four out of five children live in families with incomes less than $3,000 a year, the overwhelming majority of the American people cannot pay for full and comprehensive medical care offered through voluntary plans."

Reporting a survey just made in Detroit, Mr. Becker added: "We found that 87 percent of the workers found medical costs difficult to meet. Of the workers who felt they needed some kind of medical care, 41 percent had never seen a doctor about the condition. The top worry of these workers was how to support their families if they fell sick. Then, they were worried about how they would meet medical bills. These are the areas of insecurity to which union planning must give top priority."

The medical care section achieved agreement on one more important point: that AMA representatives, labor and rural groups should meet for further discussions. Steps were taken to arrange such meetings in the near future. Much may result from these conferences.

Many persons shared the feelings of Nelson H. Cruikshank, director of the Social Security Committee, AFL, who said: "When the AMA representatives agreed with us on the principle that 'contributory health insurance should be the basic method of financing medical care' for most of the American people, that proved the success of this Assembly and made our gathering here together and the time we have spent well worth while even if we had achieved no other thing."

Where Health Needs Meet

Condensed from a Review by

QUINCY HOWE

The most human of all human interests drew us together in this National Health Assembly. It is the interest in what most of our forefathers and many of us still call "the temple of the soul." After all, nothing affects us more personally and more directly than the health of our bodies. . . .

It is the great achievement of this Assembly that so many different experts in so many different fields have reached agreement on so many subjects.

Now, there is one common denominator that struck me with special force in every one of the fourteen section reports. It is this: each section regards its own field as fundamental, basic, all important, indispensable. And in each case, the logic behind these section reports seems to me absolutely unanswerable. But it seems to me that the subjects the Assembly has covered do not conflict at all; they overlap.

Actually they complement and even duplicate each other. The need for more and better research, for instance, is a universal need. It goes through all these sections. A good local health unit is going to interest itself both in the care of the young and the care of the aged. It is going to interest itself in mental as well as dental cases; it is going to interest itself in questions of environment as well as questions of nutrition.

Several of these sections have referred to the question of discrimination against Negroes, but discrimination takes many forms, and the best cure for discrimination, after all, is education.

Perhaps the most important single common denominator in all the section reports is the need for more facts, more research, more information. For instance, how many more doctors, nurses, and medical personnel do we actually need? What do we need in the way of enlarged hospital facilities?

And these questions tie in with the question of rural health. The rural health section had a great deal more information than the section on mental health. Perhaps that is because we have had country doctors much longer than we have had psychiatrists, though the country doctor is becoming the forgotten man. To the outsider, it might seem the psychiatrist is getting all the breaks, until we read the report from the mental health section with its urgent request for much more information in a field that is perhaps more tragically understaffed than any other health field.

Without going into the whole list of section reports and the details, it seems possible to draw this conclusion: nearly all the sections called first and foremost for come information and personnel.

To most Americans "shortage" is a wartime word. To those who are fighting a never-ending war against all the ills that flesh is heir to, shortage remains just as familiar a word as ever.

First, there is the shortage of highly trained personnel, of doctors, researchers, and specialists in different fields. Then there is the shortage of assistants, especially dental assistants and nurses. Then there is the shortage of medical schools and medical teachers, the shortage of hospitals, and, it

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seems above all else, a shortage of cash.

How are we going to pay for all the training, all the equipment, all the services we need? How are we going to make the career of administering to the nation's health a career that does not require superhuman effort, superhuman sacrifice, or else a superman's bank account?

Perhaps it is not so much a question of salaries as it is a question of less costly training and of greater security for those who are financially equipped to practice medicine, go in for research or engage in related fields of public health.

Taxpayers' Burden

Leaving to one side the controversial question of federal health insurance, there does seem to be a rather widespread feeling that the taxpayer is going to have to carry some, probably more, of the financial burden that better health service requires.

The rural health section, for instance, is unanimously agreed that the federal government must bear a greater share of the expense of rural medical care. The farming communities, even the farming states, just have not got the funds. On the other hand, the local health units must rely largely upon local support—perhaps through local taxation, somewhat after the fashion of our schools.

But, can local communities carry the whole load of maintaining and extending hospital service? And if the state, in addition to the federal government, comes into the picture, what part has the state medical association to play? What representation will the public have?

Dr. Ivy's section on the nation's need for research in the service of health, recommends fluid funds from federal tax sources. No less important than the need for funds is the need for personnel. Really the two go together. Get the money and you can get the men.

This Assembly cannot, under the law and under its own rules, recommend any definite legislation. I do not think this prevents me from touching on the question of the membership of the United States in the World Health Organization. I think it was clear to everyone present that all members of all sections agreed that whatever their other differences may be, they were united in wanting the United States to join the World Health Organization.

And this question of the World Health Organization is not the only matter on which this Assembly has reached agreement.

Perhaps its greatest single achievement is that all kinds of public organizations have sat down together and worked out common problems and common programs with members of the medical profession and other scientific groups.

That so many doctors not only have taken the time to work with the National Health Assembly but have shown themselves so cooperative, so understanding, so open-minded, seems to me the most promising and most important development of this whole meeting.

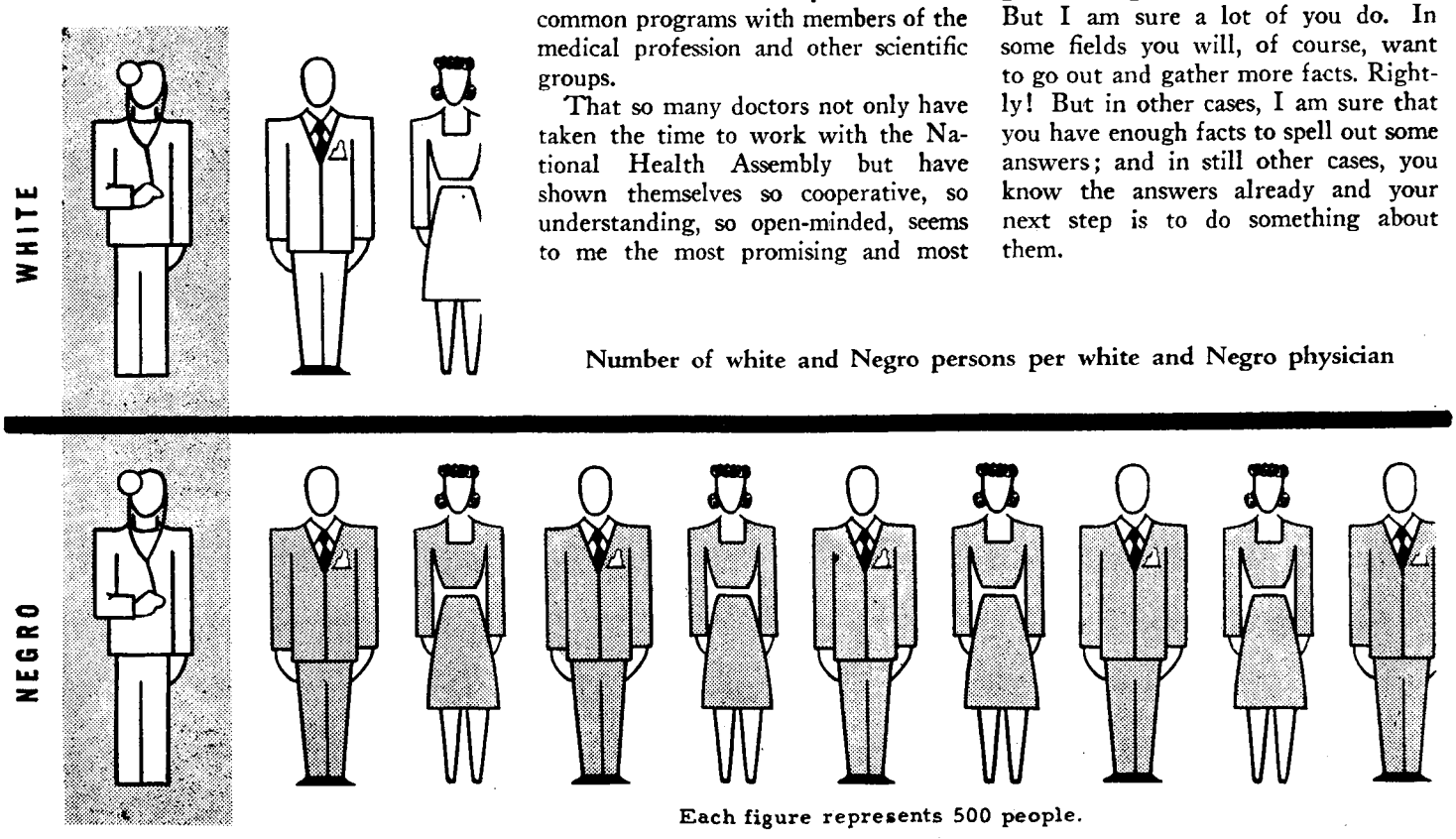
There is no question that the high spot of this Assembly is *the cooperation between men of science and the general public.*

Facts and Action

As I have already said, all the section reports call for more and more facts. Of course, none of them has yet got the complete story. That will never be told. Some of them are just beginning to pioneer. All of them need to correlate what they already know. But we Americans, as a people, seem to have a blind passion for facts as facts. We have an almost mystical faith in statistics.

Certainly, the collection of facts is a necessary and rewarding enterprise, but it is not a substitute for action. It is not a substitute for something that is even more difficult than action, and that is thought. Too many of us collect facts simply to avoid having to do anything about it. We are like the fanatic who redoubles his zeal after he has lost sight of his objective . . . the mere accumulation of facts is not an end, an aim in itself. It is what we do with the facts, it is what we make the facts mean that really matters.

I cannot tell people in the health field what the facts that they have gathered together mean. I don't know. But I am sure a lot of you do. In some fields you will, of course, want to go out and gather more facts. Rightly! But in other cases, I am sure that you have enough facts to spell out some answers; and in still other cases, you know the answers already and your next step is to do something about them.



Number of white and Negro persons per white and Negro physician

Each figure represents 500 people.

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Recommendations for Health

Some steps urged in the final reports of the sectional meetings of the National Health Assembly.

Professional Personnel

Federal aid to medical, dental, and nursing schools granted in such a way as to stimulate local support from public and private sources.

Federal aid to medical, dental, and nursing students through loans, scholarships or fellowships.

Periodic analyses of the needs and demands for medical, dental, and nursing personnel.

Provision of medical education to qualified applicants without discrimination as to race, color or sex.

Hospital Facilities

Extension of the program under the Hospital Survey and Construction Act with an increase of federal appropriation.

Integration of the hospital program of the Veterans Administration with the program of the Hospital Survey and Construction Act.

Integration of functions of hospitals, health departments, and other health agencies in the interests of greater efficiency and service to the patient.

Development of diagnostic clinics, out-patient services, home medical care, and allied programs in the interests of greater efficiency and service to the patient.

The inclusion of preventive medical and dental service and public health education as a regular function of the modern hospital.

Development of standards for facilities for the care of the mentally ill and persons with chronic disease.

Development of plans for adequate hospital facilities and health programs to include well coordinated and highly integrated networks of mobile units, clinics, community hospitals, district hospitals, regional hospitals, and great medical centers.

Local Public Health Units

The establishment of full time local health units throughout the nation, financed jointly by local, state, and federal governments.

Increased personnel and facilities for training at least to double their present capacity.

Support of recruitment through good salaries, professional recognition, tenure, fellowships, and information to high school students about opportunities.

The immediate appropriation of new federal funds for training and recruitment.

The acceptance of responsibility on the part of local health units for: vital statistics, communicable diseases, environmental sanitation, laboratory service, maternal and child health, chronic diseases, and health education.

The creation by local communities of voluntary, coordinating agencies, such as a health council or committee, composed of civic-minded individuals and representatives of professional groups and official and voluntary health agencies.

Chronic Disease

Final report not available at this writing. For section discussion, see page 189.

Maternal and Child Health

Adoption of a national plan to put health opportunities and safeguards within reach of all mothers and children, white and Negro, urban and rural, rich and poor—backed by private enterprise, voluntary agencies, private practitioners, and local, state, and federal governmental support.

Detailed report not available at this writing. For points to be included, see page 189.

Rural Health

Final report not available. For high points of the discussion, see page 188.

Research

Stimulation of nongovernmental support of medical and public health research from such sources as: voluntary agencies, philanthropic foundations, industrial foundations or individual industries, individual donors, and other community sources.

Fluid financial support from federal tax sources on a long term basis to foster research in medical schools and other scientific institutions to be used primarily for increase in salaries and personnel and not to exceed $100,000 annually for each institution applying.

The inclusion of basic facility costs in federal grants for research in medical and allied fields.

The provision of funds for research in fields in which progress in research is not commensurate with its importance to the health field—such as studies in accident proneness and prevention, diseases of great social importance, and Arctic health; and provision of funds for research in fields in which important discoveries seem imminent or in which conclusions need additional critical analysis.

Development of fellowship programs carefully correlated with the predicted needs of trained workers.

The establishment of an information center on research fellowships, projects, sources of support, facilities, and personnel.

A national educational program to inform the public of the accomplishments of animal experimentation, its necessity and its humaneness.

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Medical Care

See pages 191-192, (italicized portions) for the first six recommendations of the medical care section. An additional recommendation urged:

Coordination of a medical care program with all efforts directed toward providing people with adequate housing, a living wage, continuous productive and creative employment under safe working conditions.

State and Community Planning

Final report not available at this writing. For points tentatively recommended, see page 188.

Rehabilitation

Federal grants-in-aid to assist universities to develop opportunities for the professional training of rehabilitation personnel; to help states inventory their rehabilitation, physical medicine, and workshop facilities, survey the need for further facilities, and develop programs for their establishment under public and private auspices; to provide states with a broader financial basis for the establishment, expansion, and support of such facilities; to encourage universities, nonprofit research institutions, and governmental agencies to develop research in rehabilitation methods and techniques; to help each state conduct a study to determine the characteristics of its disabled population.

An educational program to encourage young persons to go into the professions involved in the fields of physical medicine and rehabilitation.

Cooperation and exchange of information among public and private, national, state, and local organizations engaged in various aspects of rehabilitation.

An educational program to inform professional personnel as well as the general public in regard to developments and needs in the field of rehabilitation.

The inclusion in all hospitals of services in physical medicine.

The inclusion of instruction in physical medicine in all medical schools.

Dental Health

The provision of federal funds to expand research in dental health and for studies and experiments in various ways of administering dental health programs for school children, the indigent, low income groups, and residents of rural areas.

The creation of a commission to define standards of dental care.

The provision of additional courses in dental health education in all institutions which train personnel for the fields of health and education.

Utilization by the dental profession to the fullest extent of known measures of prevention and control.

Financial participation in dental health programs by the federal and state governments with needs indicated and policies determined at the local level.

Federal grants to dental schools for scholarships and fellowships, for the construction and equipment of dental facilities and for assistance in maintenance, operation, and research.

The expansion of opportunities for Negroes to secure dental education.

The establishment of additional courses for the training of dental hygienists, assistants, and technicians in dental schools and other nonprofit educational institutions.

The maintenance of present high standards of dental practice in all dental health programs.

Mental Health

Final report not available at this writing. For points under consideration, see page 190.

Nutrition

Incorporation of instruction in nutrition in the training programs of all health personnel, particularly physicians, health officers, dentists, health educators, social workers, and teachers.

The development of a cooperative nutrition education program on national, state, and local levels.

The establishment of a National Nutrition Organization.

The expansion of the present nutrition section in the U. S. Public Health Service to division status, and increased funds for grants-in-aid for the development of state nutrition programs.

The establishment of special nutrition units in state health departments, directed by full time qualified administrators.

The creation of state nutrition councils representative of official and non-official agencies in the field of nutrition.

The establishment of local nutrition councils and the provision of nutrition services by local health departments.

The expansion of food production based on actual nutritional needs and taking into account probable future age-sex distribution of the population as well as increases in total population.

The adoption of a national conservation program involving soil, water, and related biological resources and including land use planning.

Improved educational programs to step up application of our present knowledge in regard to the conservation of the nutrient content of food.

An expanded school lunch program for the malnourished.

Amendment of the Food, Drug, and Cosmetic Act to authorize the administrator to define standards of nutritional quality for processed foods.

The extension of research in the relationship between nutrition and health, particularly in regard to the nutritional status of population groups, the fundamental human nutritional requirements, the effect of levels of nutrition upon degenerative diseases, methods of protecting groups vulnerable to malnourishment, measurements of nutrients, functions of foods, educational methods.

Environmental Sanitation

Greater community participation in environmental sanitation concerns.

Joint campaigns by federal, state, and local authorities to correct and abate surface water pollution and to develop and protect underground water resources.

Expansion of milk pasteurization and compulsory refrigeration of certain foods, the development of sanitary codes by food industries, and the authorization of health departments to reject substandard foods.

Financial participation by the federal government in housing for low income groups and participation of local health departments in promotion of programs for better community housekeeping, such as smoke control and refuse disposal.

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I can't tell you how much I appreciate your taking the time and trouble to come here and work on something that is of vital interest to the United States and the world as a whole. I hope you will furnish us with some solutions to some of the problems with which we are faced.... The President can't solve problems by himself. The Congress can't solve problems. The President and the Congress and the country can solve any problem that comes before us.—From President Truman's address of welcome to the National Conference on Family Life.

The Family Is the Anvil

A summary of the statement made at the opening session of the Conference

LAWRENCE K. FRANK

Director, Caroline Zachry Institute, New York, N. Y.

The term "life cycle" as it is biologically considered, has been developed to indicate the whole range of the organism's life career from birth to death. When we talk about the life cycle of the family, we mean that it too goes through various changes beginning with early days of marriage and the expectant family; the preschool family; the school age family; the family as a "launching center"; and the aging family.

This concept gives us an awareness of the shifting, changing life of a family that takes place from the courtship days on. We must not forget that families are always in transition, as the individual members of the family are growing, developing, maturing and aging; as they face the various tasks of life which confront them as individual men and women and boys and girls. For purposes of this Conference discussion, the parts of the family's life cycle have been grouped into three phases: *the founding family,* that is, the beginning of family life in the early days, *the expanding family,* and the *contracting family.*

We are being called upon to try to do some creative thinking that means pooling our experience, and communicating it in terms so that laymen can understand what we have in mind; and to try to develop some kind of orchestration of knowledge and experience for the better understanding and help of the family. We will face, each one of us, the task of trying to put our own specialized interests together in terms of their meaning for the ongoing family as it passes through these three larger divisions of the life cycle.

There is another dimension of this problem that we must recognize and try to incorporate into our thinking. The family is not only the target, the focus of all of these various interests, professions and agencies, the family is not only the user and consumer of all of these different services, but the family justifies and demands our consideration because it is the action and the reaction and the interaction of the members of the family that really create this thing that we call family life. You cannot put your fingers on it. It is a relationship, and we have unfortunately no adequate language to describe this very subtle complicated interplay of personalities in the family.

The nearest analogy is in the case of a team, where each individual has a certain, defined task or position which he has learned to play, but which he must learn to play and carry out in an ever-changing constellation of activities with respect to other members of his team. Something arises out of the interaction of those plays which is called a team, and by their interaction they also create something which governs what they individually do. Family life, if we approach it in these

terms, is not static and fixed. It is a varying, changing, dynamic equilibrium or attempted equilibrium in which real people, real personalities, emotions, life histories, memories, and expectations are engaged in trying to work out a way of life, to develop and maintain a design for living.

We must remind ourselves it is the family and all of its members who have to wrestle with the problem of reconciling and articulating all of the different ideas, views, services, and facilities; and to meet the requirements of all the different public and private agencies, business, industry, church and schools, and everything else.

We put the major burden on the family because the agencies and the experts have been too busy developing their professionalized services and skills to stop and say how we can integrate what we have got to offer the family. Previous discussions and most of our programs for family life have ignored this necessity that the family faces. It is a difficult problem to adjust the advice and services of the experts who, each in his specialized way, give opinions and views, without reference to what other experts of other agencies and other programs have done.

Some of the major difficulties of family life today are developed by, created by, if you please, the lack of synchronization by the very people whose business it is to try to help the family. We have been too busy developing new programs, developing new skills. Now the time has come when we must try to synthesize our knowledge and experience and articulate our skills into some kind of unified way of thinking, if we are going to give families what they need and if we are going to derive the full benefits of the time, money, and skills going into the various programs for family life.

If we can begin to develop the new pattern of thinking and concerted planning, if we can begin to develop

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a way of communication, of pooling our knowledge and experience and interest and capacities, then this conference will have made a large and significant contribution to the future.

We do not solve our problems; we restate them. We had better stop talking about solving the family problems, because life is a series of problems and family life will always be problematical. It is an aspiration, an attempt to achieve a way of life, to work out intimate, personal, human relationships. But we can restate those problems in the light of new knowledge and understanding, and perhaps help people then to deal with them more effectively.

Emerson said, some of you may remember, that you cannot toss a pebble without changing the center of gravity of the universe. In the same way, we can say two people cannot marry, bear and rear children without having a profound and ever-spreading impact on the whole of our national life, nor can they marry, establish a home and have children without being exposed to the full impact of our social, economic, political, and other activities, including our international affairs.

We have got to begin to think, then, in terms of home and family life as a small circle in which various activities are carried on, but that circle is surrounded by a series of concentric circles—the immediate neighborhood, the community, the local government, state government, federal government.

It seems to me that here we are beginning to face the same problem that medicine has of dealing with a complicated organism, of many different specialized organizations, systems, structures, and physiological functions for which it needs some unifying concept and in which it can recognize the difficulties and treat the whole organism, not just the individual part.

We have today an extraordinary variety of facilities and resources for family life, much of which we as individual members of families do not use. Many of the difficulties which face family life today arise from loyalty to ideas, practices, beliefs, and living habits which were once valid, desirable for a way of life which is gone. These beliefs and practices were developed at a time when they served the needs, functions, aspirations, and goals of family life, but with the changing social, economic, and cultural developments, they are now standing in the way of the kind of family life which we hope people can develop.

One of the major obstacles to better family living is this resistance to change, which every profession, every agency, every service encounters. Can we begin to pool our ideas of how we can unitedly devise methods of communicating new knowledge, new practices that are desirable for health, nutrition, mental hygiene, and all of the other goals of human advancement to individual families, in such fashion that they can accept them without feeling humiliated, without losing their dignity, without having a feeling of being pressed and coerced and denied their right of free choice?

The American family particularly is at the mercy of all the changing economic and social conditions, because families today are not able, very many of them, to make a living as in the old days when they lived on the farm and could with toil and skill and foresight make a living for themselves. They are engaged in earning a living by money wages; they are at the mercy of business cycles; changing economic conditions; technological obsolescence of skills and all the others.

We must try to define more clearly these two things: What can we today reasonably and justly expect the family to do? What functions, duties, and responsibilities can families be expected to perform and how can they be helped by change in education and other ways to perform those duties and responsibilities?

Many people are still continuing to think of the family of two or three generations ago and expect husbands and wives, fathers and mothers, to act in the same way and play the same functions as the family of long ago. Many of us unfortunately are engaged in blaming and denouncing men and women for failure to live up to what have now become almost impossible expectations in the light of changing conditions.

The family serves as our major cultural agent for transmitting our traditions to children and it is the matrix of the human personality itself. It is in the family that the child is socialized, made a participating member of our society; it is in the family that he becomes the bearer and carrier of our traditions, beginning to live in a symbolic, cultural world of meaning. The family does that service; no other agency can do it. But the family needs help with that service today, especially when we are so confused.

The family is the primary agent for health care. If we are going to have health care as distinguished from diagnosis and therapy of sick individuals, it has got to be carried on in the family where the selection, cooking, and serving of foods will provide the nutrition for health care, where dishwashing and house cleaning and laundering provide the sanitation that is necessary for health care. The family is the primary agent of mental health as distinguished from the problems of treatment. Sound mental health means guarding the mental personality of children and then helping them grow into well integrated personalities. That must be done primarily in the family, again with the advice and help of the educators and all the other people whose knowledge and experience the family so greatly needs.

These are inalienable responsibilities of the family. They cannot be transferred to anyone else. They are part of this fine family dynamics; they operate in every important phase of the life cycle with ever-changing emphasis and meaning.

Finally, the family is the anvil upon which are being hammered out all the conflicts and confusions of our social, economic, and political life. The family is receiving the impact of the conflicts in our economic life between producers and consumers; between labor and management; conflict in our professional groups which are engaged in some places in deadly rivalries. The family is the anvil that has had to take it and it cannot take it much longer. If we can recognize that fact, we will accept our responsibility as members of professional and lay groups who come together to try to call attention to the difficulties of family life today and try to focus and orchestrate the new resources, new knowledge, new agencies, new professions and programs that are becoming available and must be enlarged to meet family needs.

We can be guided in this period of transition, confusion, and turmoil to make a critical examination of many established practices and programs and beliefs if we are clear about the values which we want to preserve. In fact, if we are able to reaffirm the values of family life, if we can say that one of our major objectives is to respect the individual personalities in and through the families, to preserve and protect the dignity of man, woman, and child in the family, it seems to me we can go forward with courage to take up this enormous task.

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Toward Unity Through Diversity

A Report of Conference Discussions

MARION ROBINSON

It has been said that where you get is not half so important as what happens to you on the way. It is a safe bet that the 900 lay and professional people, representing an infinite variety of interests, experience, and skills, who left Washington on May 8 after three days of giving the American family a good going-over would agree with such a postulate. For although some general areas of agreement emerged—agreement as to what is happening to the family in today's world and what can be done to help strengthen it—the experience itself will probably be remembered long after the specifics are forgotten.

The keynote of this Conference was participation; its focus, the family in this changing world. And although there was free exchange among speakers, panel members, and audience at the plenary sessions held each evening and the final morning before adjournment, participation came into its own in the twenty-nine discussion groups which met for three half-day sessions on the second and third days of the Conference.

With admirable temerity, the Conference program planners had made assignments to groups so that each would include a number of different kinds of specialists and experts as well as representatives from lay groups. Thus the setting was created for what Lawrence K. Frank called "an orchestration of knowledge and experience for the better understanding and help of the family." Fortified by previous study of the "working papers"—background material on trends and changes in the family, information on needs and developments in ten areas affecting family life, and a series of statements on the life cycle of the family—the twenty-nine groups convened early the second day of the Conference with about twenty persons in each group.

As a guide for leaders and discussants, the program committee had suggested that the three discussions deal consecutively with three general periods in the cycle of family life: the founding family, the expanding family, and the contracting family.

The complications and confusions attendant upon "free-wheeling" discussion of such a tremendous and elusive subject, by such a heterogeneous group, Mr. Frank told his audience at the first plenary session, were "no more complicated and confused and difficult than family living itself"; in fact, he suggested, the resulting dynamic interactions might prove to be a revealing commentary on the subject at hand! To the observer, making sampling visits to these discussion groups, Mr. Frank's concept of family living as "an ever-changing constellation of activities with respect to other members of his team" was well demonstrated.

These experienced group leaders had perforce to keep changing roles from that of listener to participant; from teacher to student; and from spark plug to mediator. As in any family, members of these groups zestfully agreed and disagreed with each other, threw out challenges and picked them up, formed and re-formed into subgroups of opinion, misunderstood each other and enjoyed each other. And again, as in family life, groups struck "dry spells" in which discussion was sparse, and individual members were temporarily overcome with shyness, boredom or desire for meditation. In the three sessions, it is safe to conclude, most people got a lot off their chests and gathered in a number of new ideas or new angles on old ideas.

Conference Personnel

Chairman, Eric A. Johnston, president, Motion Picture Association of America; vice-chairman, Boris Shishkin, economist, American Federation of Labor; treasurer, Frank J. Hertel, general director, Family Service Association of America. Staff: Ernest G. Osborne, Teachers College, Columbia University, program coordinator; Alexander Radomski, Washington, D. C., assistant program coordinator; Mrs. C. H. L. Pennock, New York City, secretary.

Conference officers and staff were assisted by a 37-member board of trustees, and a 72-member technical advisory committee. The sponsoring committee was made up of 125 organizations with a total membership of more than forty million persons.

Digging In

Though the Conference was well supplied with experts from the fields of education, science, law, social work, medicine, psychiatry, and many others, everyone is, to some extent at least, a professional amateur when it comes to the family. The task of probing for the causes of what seems to be family disintegration brought forth equal effort from those of professional and amateur standing. Inevitably this probing involved facing the reality of current change, and a consequent search for values. Both appeared quickly in discussion groups and panels.

In a plenary session presided over by Boris Shishkin, AFL economist and vice-chairman of the Conference, Charles S. Johnson, president of Fisk University, opened a panel discussion on "dealing with forces of disintegration in family life," by telling the audience that the currents of change which we are facing are as "irreversible as the process of industrialization itself." However, he pointed to a profoundly positive factor in this change. "The shift from the institutional role of the family to companionship relations, from familism to individualism, from authoritarian control to the principle of equality of members in the family structure," he said, "suggest the influence of a basic American principle beginning to take root in the most important social unit of our society."

In an effort to get at the disintegrating factors troubling the family, Mr. Johnson chipped away at some of our favorite illusions. The assumption that

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moral values are instinctive with families he found "no more tenable than the assumption that a jury of one's peers assembled from the population at large will have instinctive knowledge of common law or of Blackstone." On the contrary, it is more realistic to say that parents are expected to pass on to children values about which they themselves are confused. Also, since there is a weakening in the emotional and security role of the family today, it seems necessary to look at marriage "not as a sacred and inviolable institution, but as a companionship arrangement, involving basic affectional response needs and an understanding of the nature of both the patterns of needs and the nature of binding affections."

The role of the family's influence in determining social attitudes is no less profound today than yesterday. And today, Mr. Johnson asserted, the effects of the problems of minorities are "not confined to the children of minorities but in the very nature of things they involve the children of the majority groups as well, who are taught by conscious means and unconscious examples to condemn other groups without reason, to harbor narrow prejudices, to create human scapegoats, to satisfy their own inadequacies which are remediable through other and more socially desirable means."

"The social unit," he concluded, "which is charged with the responsibility for maintaining, extending, and passing on a system of social values, is itself in process of being re-cast. This seems both the central problem and the opportunity of the modern family."

Disruption of the family in our times comes all too frequently from fear, said Jane Hoey, director, bureau of public assistance, Social Security Administration, during the ensuing panel discussion led by Dr. Julius Schreiber, director, National Institute of Social Relations. Fear of unemployment and interrupted income, of illness, of "unprovided-for old age," and of not being able to meet the cost of living today, she mentioned specifically.

Miss Hoey's thesis was developed from the psychiatrist's point of view by Dr. Daniel Blaine, medical director, American Psychiatric Association. In twelve years of practice, he reported, he believed he could say that every one of his patients came into his office because fear, anger, and desire, singly or in combination, had produced an emotional conflict within them. The mature individual, he said, has to learn how to put up with danger and to react to fear, because that is necessary in order to meet life's problems. When people suppress fear instead of "accepting it as something which has to occur, and going about their business," trouble begins.

Search for Values

In the midst of fears and disruptions are there any "eternal values" for the family, came the appeal to Mr. Johnson from a member of the audience. We cannot go back to the good old days, answered the university president, but we can do something about factors in our lives which are creating disintegrating forces—more employment, shorter hours, better pay, more equitable distribution of housing. As for the inner values, he believed, we would have to discover these by learning to understand ourselves—both our individual and social behavior.

A resounding indictment of those false values which "take us in" appeared in many of the discussion groups. Chief among these seemed to be the "glamour standards" encountered by young people in getting a good courtship start. The conflict between the urgency of glamour and the necessity for such steps, as attempting to have an understanding on money matters, is confusing, said these discussants.

Dr. Johnson's thesis about the companionship value of marriage was supported by a university professor, who testified that in his studies of young married folks who had been married three years, the majority felt this to be the chief value of marriage. Adaptability, said this educator, is what produces satisfactory companionship, and in a cheerful commentary on human capacity he avowed that his studies had shown marked adaptability in many young people for whom he would not have predicted marital success.

Faith in growth, said Evelyn Duvall, executive secretary, National Council on Family Relations, is an inherent value in family life—the faith that growth is natural. This, she believes, is what helps all of us survive "the tidal waves that come as an inevitable part of life." Such a faith is at the base of the courage to love, to live, to dare to be a family, she said.

Consideration of the values of family living quickly spread beyond the family group into society as a whole. We are in conflict about the nature of individual responsibility, was the cry from several panel participants and discussants. In one group, a clergyman said that our society suffers from "underestimation of what individual responsibility should be." The solution, he felt, lies somewhere between complete lack of community responsibility and too much of it. Warming to his subject, he called for change of "agency policies which sap individual initiative," for, at present, he believed "they penalize those who are able to cope with their own problems and pamper irresponsibles who should be made to go out and get work." A social worker rose to refute the idea that social insurance constitutes abdication of individual responsibility, and a community council worker pointed out that there are too many factors in society now which are beyond the control of the individual—depressions, illness, and so on. A visiting British sociologist, invited to comment here, felt that the decline of individual and family responsibility in England was "a passing phase" and "probably the least important result of a socialist system or any system."

In another discussion group, a doctor said that it was entirely too easy to say that the federal government should do everything; states, too, must take responsibility. And in another group, a government worker avowed that she "was all for social insurance and a government health program," but it seemed to her, "people should realize that the democratic way means taking responsibility." A sociology professor agreed, but thought the answer was "educating for social responsibility." "We have made the mistake," he said, "of educating people only to be enterprising as individuals."

What Shall Change?

Though many seemed to agree with Mr. Johnson that the times demanded examination of our inner selves for understanding of what we as individuals and as a society were doing, a number of discussants stressed the need for environmental change. During one of the panel evenings, a clergyman spoke from the floor: "What good can counseling or anything else do us," he asked, "in the social order we have allowed to develop? Any mother knows it's impossible to rear the right kind of child in the wrong kind of home."

A visitor from Hawaii offered the idea that perhaps healthy families lived and thrived in healthy societies. Point-

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ing to "a little United Nations on our eight islands," she emphasized the fact that there was no social distance between the many races, even at the point of intermarriage. And in the last plenary session of the Conference, Kermit Eby, CIO's director of research and education, summed up his remarks on the role of labor in strengthening family life by saying that "we have a moral decision to make . . . since 75 percent of our federal budget is going for guns in support of negative ways to solve our present dilemma." "The only way to lick Communism," concluded Mr. Eby, "is to be more radical for better reasons."

In another group, after a heated discussion of housing inadequacies, a doctor said that what we needed was *social work* plus *social reform,* because "it looks as though adjusting the individual would be either impossible or

fruitless, unless parts of our environment are adjusted too." In the ensuing exchange one lady delegate drew cheers and applause from the rest of the group when she declared: "We get glamour, smokes, drinks, and everything in the world but what makes for the better life. Why don't we put the screws on and *get* what we want? We *can* get things from Congress."

Her declaration was badly needed in another group whose discussion about the paralyzing effect of fear, anxiety, defeatism, and pessimism that "seems to grip us all" had cast a pervasive gloom over the group. A child psychologist noted in our national life today "a hesitancy to believe that the common man has anything to contribute to democracy." A law school instructor said the students are eager to take hold someplace, but there just does not seem to be any place. A volunteer community worker avowed that there must be thousands of words of housing hearings—the need is clear, yet *why don't we do it?* The will is lacking, offered a cynical government worker, but it would not be long if citizens would start reading the Congressional Record. That shows up better than anything else the discrepancy between what we say we believe and the way we do things. The child psychologist tried to inject an optimistic note. "Maybe we are getting too discouraged," she said. "After all, many groups are doing things. Look at what the Health Assembly was able to accomplish."

Out of Kilter

The impact of specific social disadvantages on families was discussed and rediscussed. Chief among these was housing. In one discussion, a young veteran told the group that he and his wife had had to postpone having a family because of the housing situation, though they had already had to delay starting a family for several years because of the war. "I'd think there was something wrong with me," he said sadly, "except that I see all my friends up against the same problem."

Another indictment was on the count of wives having to work "for the price of a baby—which is higher than it ought to be." Recognition of this problem in another group led to discussion of the family allowance system, now operating in Canada and Australia. Here it was agreed that this might have some promise of helping young people get through the years when children are youngest and financial difficulties the greatest. A dissenter spoke up to say she thought it was the middle class in this country that had a hard time—most services seem to be either for the rich or the poor. However, being of the middle class herself, she wanted to make it clear how she felt:

"I don't want people to hand me out a lot of stuff," she said, "I want help in learning where I can get things for myself." In her home town she said the family service agency has begun to offer family services on a fee basis. Though many people still "hesitate because they think it's charity," she thinks this is a good idea for it shows some recognition of the problems of the middle class.

Parents Reclaimed

The audience burst into spontaneous applause during one panel discussion when Howard Lane, professor of education, New York University, confessed his wish "that the school could have as its major fundamental in our time the enhancing of relationships between children and their parents." It seemed to this professor that teachers do a great deal to undermine parents' affection for their own children, for "we tattle to you and 95 percent of our tattling is faultfinding."

A teacher in one of the discussion groups said she thought "we ought to stop scolding parents," and was joined by others in the group who thought parents were being made "frightened and insecure." After all, said another, parents "are the greatest specialists in the world, working on the biggest business in the world." And a delegate who was also a parent said heatedly that magazines ought to stop printing "scare" articles. "One says this and another says that," he fumed, "till, Lord, you don't know what to believe."

When you come right down to it, do parents really want help? In yet another group, a delegate from a midwest state department of education said that maybe it is not too apparent yet that they do, but from her experience she thought they did. A member of the Children's Bureau staff testified that the bureau had a steady stream of letters from parents "asking for help, particularly in understanding child behavior." Here again there was concurrence that parents had taken "an awful beating" and deserved more encouragement.

New Patterns

"The beaten path is for the beaten man," was part of Eric A. Johnston's message to the Conference. And though many conferees shied away from ideas which suggested changes in our concept of the family, its structure and its role in society, there were points at which old patterns were overhauled and new patterns suggested. For instance, one group came through to the idea that if we have to be cliff-dwellers in an essentially urban civilization, we shall have to plan for our older family members and plan for them separately. There was general agreement that each individual family should have its own home. However, it was pointed out in at least two groups that one of the sources of family strengths is the ability of the oncoming generation to relate to the oldest generation. Children need grandparents, aunts and uncles and, as the superintendent of schools from a West Coast city pointed out, some way must be found for generations to mix together, because this is one of the ways children get a variety of experience.

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That there must be a new attitude toward children and youth, was the essence of another emerging pattern. Ideas of the new attitude definitely pointed away from the authoritarian role of a family's adults. In one of the discussion groups, a conferee commented that in our culture children are not thought of as having rights until they are wage-earners, while a group-worker said that in her work with teen-agers she had observed that the youngsters are creative in the way they go about things but are constantly being frustrated by adults "who know they can do better and won't let go." In an evening session Alice Keliher, professor of education, New York University, told of her experiences in leading discussions of high school youngsters all over the country. Not only are young people glad to have a chance to talk, she testified, but "there's nothing in the books that those kids can't say with the utmost simplicity." What we need, she said, is a basic switch from the point of view of waiting for "these miniature critters" to grow up so we can be on equal terms with them.

In this plenary session, which was presided over by Mrs. Oswald B. Lord, chairman, United States Committee, International Children's Emergency Fund, a panel discussion on utilizing the strengths of family life, led by Miss Keliher, brought out some challenging concepts of modern family living. Eduard C. Lindeman, professor of social philosophy, New York School of Social Work, started the ball rolling by suggesting ten criteria for family strengths. Stressing the need for democratic functioning through

THE SATURDAY EVENING POST

"As our fiscal year draws to a close I want to pay tribute to the stanch soul who kept our food budget balanced! Oh, we ate soup sometimes — and hamburger —!"

such means as "an accepted division of labor" and "budgets openly arrived at," he pointed out that true family unity comes about through diversity and that the family should have both a sense of uniqueness about itself and allowance for "expanding plural loyalties." Where religion "is treated as one of the phases of experience" and morality "is assumed to derive its values from multiple sources," the family is strengthened, he asserted. And since all major tragedies of life are family-centered, there must be within the family "an awareness of imminent tragedy which is consciously cultivated but with avoidance of morbidness." The strong family is open to "a free flow of scientific knowledge," uses humor as a perspective and not as a secretive measure; and uses mental hygiene principles as tools of insight, "not as labels of identification."

During the discussion Mrs. Duvall suggested that strengthening of individual family members came through "communication . . . the ways in which they get through to each other, influence and affect, and help each other to grow." One of the most exciting potential strengths of the family, she believed, is that aspect of dynamic peace that comes through communication of people who have the courage to live freely and frankly with each other. "We are afraid of our emotions, afraid to live, to love, to hate, to fear."

The question of conflict and quarrel prompted Mrs. Duvall to remark that "it is better to have some emotional fireworks and have something come out of it in terms of communication and better understanding than just to keep peace and quietness for its own sake." Another panel member, Dr. Warren D. Bowman, Washington City church of the Brethren, agreed, saying that fireworks "can be a very favorable opportunity for guiding children into a wholesome expression of their emotions." An audience voice queried as to whether Dr. Bowman believed just children should have fireworks, and he quickly said that he meant "adult children" as well.

Resisting the Experts

Dismay at what seemed to her a bleak picture painted by these experts was expressed by another panel participant, Mrs. L. W. Hughes, president, National Congress of Parents and Teachers. "I have never studied these books on family life," she said, "and don't know a thing about the books and theories you are talking about [but] you make a family sound a terrible and ominous sort of thing." "I am glad there are no young people here," she went on, "you would scare them to death. They do not enter matrimony with any such ideas as these. And you had better be careful how you destroy those ideals. They might decide that families are what you say they might be. . . ."

Resistance to both the challenge and the shortcomings of the "expert" came out in several other spots. The term in many instances seemed to be used somewhat amorphously, having no discernible connection with any of the disciplines represented in the Conference group; in others, it was unmistakably directed toward social work. In one discussion group, there was a moment of unanimous censure of the profession because "every last one of them is hipped on his own specialty."

In another, welfare agencies were rapped because "they try to raise money for *services* instead of telling what people *need*." And in the final plenary session, the "government expert" was put on the "not wanted" list by Earl Shreve, president of the United States Chamber of Commerce. In a discussion of what business can do to strengthen the American family, Mr. Shreve objected to "the pattern of American life for generations to come" being drawn by professional experts, and said that "many federal agencies will have to be dismantled and their powers restored to the people." "What happened in last fall's Congressional elections," said the businessman, represents a "symptom of new vigor in national thinking." In his opinion Americans "are opposed to wild experimentation at their expense" and "dislike artificial restraints on private initiative."

If social work stock was low in some quarters, it was found to be high or rising among some of its professional brethren. From the anthropologist's point of view, for instance, according to Margaret Mead, associate curator of ethnology, American Museum of Natural History, it is "one of the greatest inventions of modern times." When, in her capacity of moderator of the final plenary session, Miss Mead introduced Stanley P. Davies, general director, Community Service Society of New York, who spoke on the role of social welfare in strengthening family life, the anthropologist characterized social work as "humanity's way of dealing with the fact that we are living in a rapidly changing society and that we have to have devices to help

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individuals adjust to every shift of the relationships of the realities around them."

The olive branch was held out to social workers on behalf of the 42,000 members of the American Bar Association by Judge Paul W. Alexander, of the Court of Common Pleas, division of Domestic Relations and Juvenile Court, Lucas, Ohio, during a panel discussion in an evening plenary session. Referring to the "open secret" that these two professions have long look askance upon each other, Judge Alexander said, "I have seen [social workers] run from the court room when a lawyer came in and wished that I could run too." Perhaps lawyers are not totally to blame, he added, because "they may not be properly educated." He and his colleagues, he said, "are seeking [social work's] help, cooperation, assistance and support," in taking a joint approach to the social problems which demand the attention of both professions in their service of troubled folk.

"Retreat from a Frontal Attack"

It remained for Mary Fisher Langmuir, director of the Vassar Institute of Eugenics, to tie up several dangling Conference threads in her estimate of the role of education in strengthening family life, during the plenary session that preceded adjournment of the Conference. The basic function of society she felt the Conference had agreed upon was to "pass over by fair means or foul to the next generation the ways of feeling and behaving and the values, goals, traditions, and beliefs which are essential for our own peace of mind and for the continuity, survival, and general progress of society."

Our problem, said the educator, is "how to translate all the new facts, objects and gadgets that have been developed and all the new angles that have been invented, borrowed or rediscovered." The cultural lag, and inertia and the various allergies and resistances of human nature, being what they are, "it takes a lot of doing." The job of specialists and experts is "to sell change, tradition, reaction, progress—whichever way you are going."

"If we want to sell a new product or a new line or revive an old one or develop a new fashion of living," she went on, "we begin working on the family . . . we use the family for our various and changing ends but, in our society, we always do it for its own good. Then, to our consternation and indignation, we find the family massively resistant . . . skeptical about the new wares or the old ones, [but] it is just possible that this resistance is one of their main strengths!"

It is important that we know what we are sure of, and these, this educator felt, would be:

—That chronic fear, defensiveness, hostility and feelings of inadequacy in individuals or groups interfere with health, good workmanship, and sound learning and good citizenship.

—That competence, confidence, adequacy, self-respect, belief in oneself are good for the individual and for society.

—That what happens earliest is most important, and that characteristic ways of reacting to life are learned in the family, with whatever help the school, church, and community can give.

"As we go out into whatever our specialties are," concluded Dr. Langmuir, "let us try to see what is going on because, after all, 80 percent of our families are doing pretty well, either with us, without us, in spite of us or because of us. . . . Let us remember that if we go along [with the parents of America] if we will listen to them, if we will wait for them to ask us how we may help them, some of our good may be done through them. Growth retreats from a frontal attack; let us hope the days of frontal attack, reaction, and discouragement and division among us are over."

Designs for Family Living

Compiled from Conference Reports by Julia P. Newman

The picture of the American family today as it grew out of the Conference was that of a life cycle generated by a series of interacting processes, which can be identified separately but never disassociated in actual living. Man and woman marry, but with the first child they become father and mother. And with each succeeding child new roles are assumed, not only by parents but by children, too. Indeed, the only permanent aspect of the family is its constant state of change. Just as, in the word of Heraclitus, no one can step into the same river twice, so no two children are ever born into the "same" family.

This concept implies certain developmental tasks for the family as an entity and for each of its members as individuals. From the two-year-old who must learn to fit in, emotionally and physically, to an ever-widening sphere of contacts; through the middle aged parent who must gracefully relinquish his children to their independent lives and reestablish, if he has lost them, his own contacts with his community; to the aging person who must accept declining strength, often chronic illness and widowhood or widowerhood, and all too frequently unemployment, decreased income, and an unwelcome dependence on others; every individual has his own needs and his own responsibilities.

It is not only *within* the family, however, that these interacting processes take place. Between the family and the community, the family and the nation, the family and the world, is a constant flow and reversal of strivings, influences, and pressures. Each is continually being changed by the other. So it is that developmental tasks of the family imply developmental tasks of society in relationship to the family. That society has not kept pace with our industrial age in this regard was a primary assumption both of the Conference planners and the delegates.

Major aims of the Conference were to "discover specific means by which the American family may be strengthened for the benefit of its individual members and society"; and "to develop programs of action aimed at achieving greater security for the family and its members."

Consequently, although the Conference itself was authorized to sponsor no official resolutions or recommendations for action, a number of needed, specific community services to the family emerged inevitably from the discussions and reports. In preparation for the Conference, these reports had been prepared by subcommittees on community participation, counseling and guidance, economic welfare, education, health and medical care, home management, housing, legal problems, recreation, and social welfare.

How Well Do We Live?

In an address on trends in social and economic patterns, delivered at the first plenary session of the Conference, Ewan Clague, commissioner of labor statistics, Department of Labor, commended to the attention of the group an examination of the real effect of rise

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in income and rise in prices upon different families in the country. According to the Bureau of Labor Statistics' "yardstick budget," the city worker's family, at June 1947 prices, needed from $3,004 (in New Orleans) to $3,458 (in Washington, D. C.) to meet needs adequately. Further, the consumer price index for March 1948 has risen 6 percent over that of June 1947. "Although a large proportion of our families are probably above this level," said Mr. Clague, "it is clear that a significant number have income below the budget standard."

The report of the Conference's subcommittee on economic welfare concluded that, in spite of improved employment opportunities, greater regularity of employment, higher wage rates, and higher incomes generally, the economic welfare of American families is now being seriously affected by rising prices. The President's Economic Report for January, 1948, pointed to the decline in rate of savings from 24.4 percent of disposable income in 1944 to 6.3 percent in 1947. Furthermore, these savings are being used, by and large, for general living expenses and medical care, rather than for durable goods and housing, for which they would normally be used. The report warned that "such use of savings for current living expenses is an ominous sign for the economy as a whole." And the family has gone into debt. The present level of consumer credit, according to the committee report, is "not alarmingly high in relation to the size of our national income." But, it went on, if national income and price levels should decline suddenly, debt would place a good many families in a serious financial position.

What are the effects of this on family stability? Every family has a stake in the national economic policy, the committee's report pointed out. More and more, governmental action affects the whole of the economy. The dismal consequences of failure fully to employ all our productive resources were dramatically seen in the decade of the Thirties. Furthermore, Americans realize that more stability is needed, for, as this report claimed, "the passage of the Employment Act in 1946 was a recognition of the desire of the American people to stabilize the economy so far as possible without sacrificing its essential and dynamic characteristics."

Disruption of family life frequently springs from economic fears—fear of illness, of unemployment, of anything which will cause an interruption of income for which the average family is unable to prepare a cushion. To overcome this, Miss Hoey told the Conference, a federal insurance system is needed to give an assured minimum income even in case of involuntary interruption of employment, with a supplementary public assistance program for those unable to meet this income even under the insurance system.

As many conferees pointed out, it is on the "expanding family" that the economic burden falls heavily. For Joe and Jane, faced with mounting costs as their family increases and grows older, plus regular insurance payments and frequently the burden of debts, mortgages, and outside financial responsibility, one committee report offered two proposals.

The first was for the development of humane insurance plans which might shift part of the costs of accident, sickness, hospitalization, housing, and education of children to the later stages of life, when Joe's earning powers are greater and his obligations fewer. The second was for some plan to equalize the costs of housing, hospitalization, and medical care for all citizens rather than burdening those who bear children with all the costs of rearing them.

Part time or lightened employment is an important necessity during early old age, too, Conference reports emphasized, and can serve to prolong the period during which the aging family may remain partially or completely self-supporting. Increased economic support from public sources could do still more to relieve family tensions by assisting the aging family to live a well-rounded life. And then for the "middle years," men and women of forty-five or over, the major economic problem is still that of convincing employers that they are not yet ready to be discarded. Many Conference delegates questioned whether or not a program of full employment could be said to be fully implemented when special campaigns were still necessary to find work for men and women of middle age.

"Not Half as Good as We Know"

Housing, commented a Conference report, is both a product and a process. The product is not only the shell of dwellings, but their design and basic built-in equipment; the layout and equipment of the neighborhood, open space, play space, schools and shops; the location of the neighborhood, rural, urban, suburban. As a process, housing includes maintenance and remodeling, neighborhood services and environment; it requires technical and social research, individual, family, business, and public policy decisions. In short, housing is the physical environment, largely man-made, in which

families live, grow, and decline. As such, it was of primary importance to the Conference, and probably no other topic received such wide discussion or achieved such unanimity of opinion.

The passage of the Taft-Ellender-Wagner Housing Bill seemed to most of these delegates to be a necessary beginning move. Although they recognized that for the adequate housing program of the future we need much more information about family needs and habits, they also felt, like the farmer quoted in one of the reports, that "we ain't farming half as good as we know how now." As a start on meeting the need for better housing, which is part and parcel of the need for more housing, a reconsideration of traditional practices in light of the needs of the beginning, expanding, and contracting family came in for discussion. Restrictive covenants and other forms of segregation, the "no children" ban, and the rigidity of today's neighborhood and home construction, were all marked down as obstacles on the way toward housing which truly meets all families' needs.

Why should not a neighborhood have a variety of housing units, asked one report, some large, some small, some for sale, some for rent, some in free standing houses, some in groups or rows and some in walk-up apartment buildings, with, of course, offsetting open space to hold down the density? In such a neighborhood a family might move without tearing up its roots. Miss Keliher sketched a picture of a single ideal apartment house for the expanding and contracting family, with nursery space, cooperative laundry, auditorium, life tenure leases. As the family grew, it could move progressively from apartment to apartment, graduating from an initial three to a final ten rooms—and back down the scale again, as children grew and began to leave home.

"We must be flexible about bricks and mortar," said Miss Keliher, "be

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creative about material things, get in the position—in this day of mechanical devices—where *we* throw the switch, *it* doesn't throw us."

Learning for Living

Education for life is education for the family, commented a member of one discussion group, and the degree of strength with which an individual or a family will meet the basic insecurities of life in our society, is determined by the educational process which begins with the infant's first awareness of needs and satisfactions. The several educators who suggested a research project into the effectiveness of the educational processes of the past on the actual living adjustments of young people were by no means sure that it would prove flattering either to educators or to other agencies. A body of reliable knowledge does exist which, put into practice by aware parents, helps them rear healthy, happy, alert children. But many parents are grossly ignorant of much of this information, and the techniques for reaching all or even most of them have not yet been established.

In an urban society, nursery schools can be a valuable adjunct to the family, not only in providing places to play and playmates, but in educating the child's parents. Again one of the richest educational resources which we as a nation possess is that of creative home-school relationships from kindergarten to college. Parents, teachers, and children working together on matters of mutual concern can and often do determine the very nature of their community life. The question with which the Conference most often concerned itself was how to release more of this creative energy.

Some answers were found in a thoughtful reexamination of the ways in which these two basic education agencies—home and school—interrelate their activities. If homes and schools are really to be working partners in education, they must accept mutual responsibility for developing *cooperatively* the educational goals for their communities, and for securing the facilities to carry them out. Prevalent social attitudes toward homemaking as a career, for instance, with the deprecatory implications of the phrase, "just a housewife," are subject to educational influences and certainly fundamental to the future of the family.

In specific terms, this whole cooperative effort means opening up channels of communication between home and school through conferences and joint activities, systematic efforts to dramatize and disseminate information throughout communities and the intelligent use of all good modern educational methods, including press, radio, screen, and stage. Finally, it means more intensive and widespread efforts to underwrite this whole cooperative movement by providing competent professional leadership for it in every school community, and by a widespread training of lay people in the techniques of group discussion and experience sharing. Within the schools themselves, a general revision of antiquated grade standards and outmoded curricula, and the development of a genuine approach to children as whole people, were set up in the Conference data as major needs if more children are to reach adolescence unmarred and have a good start toward healthy adulthood.

Counseling for Everybody

The study and development of human relations—of the ability of people to live satisfyingly with themselves and with those about them—is essential for the survival of mankind; that ability is the essence of the modern concept of mental health. The first experiences in living with others occur within the family, and set the pattern for all future interpersonal relationships. The mental health of people, therefore, depends to a large degree on the kind of relationships that the individual is able to establish in family living.

"With the increasing complexities of modern life," said the summary report of the Conference's four subcommittees on counseling and guidance, "there have been obvious changes in the functioning of the family. Responsibilities formerly handled within the family itself are now shared by community services. . . ." Counseling, for the purpose of promoting personal and social adjustment, is a case in point. Defined in this report as "a personal dynamic relationship between an individual and a conselor, the goal being a self-determined solution of the individual's problem," this service has grown up in four specific fields—child guidance, marriage and family counseling, school and vocational guidance.

Although the child guidance movement got its start in the treatment of troubled and troublesome children, its development has led to the conclusion that its most effective and positive contribution rests upon its ability to help in the development of healthy parent-child relationships. The better child guidance clinic today, its methods rooted in the combined skills of the phychiatrists, psychologists, and psychiatric social workers who make up the clinic team, recognize the individuality, the needs, and the rights of both parent and child. For a truly free flow of feeling is a two-way business. Education for family life includes freeing parents as well as children to express their own feelings, both positive and negative. The counselor can help parents to the realization that the ultimate relationship between child and parent is not an unfathomable mystery, but the sum of thousands of small daily experiences over a period of years.

Insofar as the child guidance clinics, a relatively new development in professional services, have led teachers, nurses, clergymen, doctors, and social workers to seek the understanding which these teams have acquired, they served to enrich and make more effective the work of other professions. The need in most communities, the authors of the Conference report on counseling felt, is to add a clinical service which would work directly with those persons and families who need it, and would integrate its work with that of other professions in serving the community at large.

There are in the United States at present about three hundred active marriage or family counseling centers, functioning in about forty states. Psychiatrists, doctors, ministers, social workers, psychologists, lawyers, teachers, work through agency programs and in their own professional contacts to help men and women achieve satisfactory adjustment before and after marriage, and in the various phases of family life. Concern for prevention of marriage difficulties; for improvement of differential diagnosis (so that each discipline is better equipped to recognize its particular sphere of competence); and for greater knowledge of community resources, was expressed in reports from these various professions. Recognizing the limitations of this kind of counseling, its varying standards that depend so completely on the types of organizations, sponsorship, and availability of trained professional personnel, the Conference still recommended its extension to more communities and wider groups, possibly through the use of group counseling.

Dr. David Mace, a British sociol-

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ogist visiting the Conference as an observer, described the chain of voluntary marriage guidance centers now operating in a hundred towns and cities of England. The program has the complete support of professional and community workers and in conjunction with the government committee on divorce prevention, has worked out a perspective of a nationwide counseling and guidance service. Conference delegates were particularly interested in the distinction made in the British program between the marriage counselor, who is a general practitioner, and the marriage consultant, a specialist in medical, psychological, legal, social, or ethical fields.

To advance the professional character of the service as a whole, the Conference reports and discussions also pointed to the need for a systematic survey of the sciences of human behavior (anthropology, biology, psychiatry, psychoanalysis, psychology, sociology), to compile pertinent information for use in marriage counseling, a training program which would set professional standards, and further research on the factors making for successful marriage and family life.

Fitness for family life, however, begins with the emotional health of children. The Conference in all discussions on counseling concerned itself with the gaps in understanding between parent and child; between schools, community, home, and church on the one hand, and the "younger generation" on the other. The school counselor, serving first as liaison between child and the world of school and home, and second, as liaison between school and parent, is an important resource to the maintenance of sound family life. If it is true, as more than one delegate suggested, that schools and other agencies have been more concerned with setting standards for the child to live up to than with helping to develop his own inner criteria, then the well-trained counselor becomes even more important.

The services of competent school counselors should be available to every child and youth throughout his entire school career. Parents, on the other hand, through their home and school associations, have an opportunity to examine counseling facilities available to their children and promote the development of these to their fullest.

Training institutions, furthermore, need to make provision for more adequate preparation of an increasing number of counselors, with greater emphasis upon understanding the dynamics of human growth and development, the counseling process, and field work, and for giving teachers and counselors alike a clearer picture of the functions and limitations of both their roles. A great deal of the confusion surrounding teacher-parent-counselor-child relationships can be dispelled by this kind of understanding. With facilities for the "mental hygiene" approach to children so often inadequate to the concept, the teacher frequently finds herself expected to do far more than she is trained to do. Particularly is this true in work which often approaches therapy with disturbed or difficult children.

Counseling and guidance services in the schools are a supplement to the teacher's responsibilities. The counselor or guidance worker, on the other hand, can reasonably expect the teacher to know when a given problem is a growth problem, to do a screening job, and to make referrals.

The same kind of specialized training is a requirement for all types of vocational counseling which, according to the report, includes vocational guidance for young people, an improved program of employe selection, personnel counseling for employed workers, and a special program of counseling for older workers. A comprehensive vocational guidance program includes "provision for the distribution of information on occupational opportunities and requirements, individual counseling, vocational tryout experiences, placement, and follow up." On a school age level, vocational and general school counseling are closely related, though each retains its separate functions, and the need for extension of services exists for both.

Vocational readjustment at the older age levels, however, should have the same concerted attention of psychologists, educators, and employers, the same guidance centers and on-the-job counseling. "The older person who must readjust his work patterns, either through changes in his own physical strength or employer discrimination against older workers, needs all the help he can get."

Concluding that "the fast moving tempo of our day makes fresh and vigorous demands upon children and adults alike," this report reminded conferees that "World War II has refocused our attention upon the waste in human potentialities, the costs of remedial care, and the potential savings in prevention."

The Law and the People

A conference devoted to the welfare of the American family could scarcely forget that the family is a legal unit. Marriage is created and regulated by law. The rights of children to nurture, education, and safety are legal rights. Thus, if the law, utilizing the social sciences, becomes responsive to the demands of the contemporary American family, a powerful ally for the attainment of all the Conference objectives is gained.

Present divorce laws are a farce, said Judge Alexander's report for the American Bar Association, prepared for the Conference. These and other laws in the field of domestic relations are actually, in themselves, a threat to the stability of marriage. As a first recommendation, therefore, the report urged that the President of the United States appoint a commission of ten or more leaders drawn from the fields of religion, medicine, education, and sociology, as well as law, to reexamine the laws regulating both marriage and divorce, in terms of their objectives, their methods, and their results, and in the light of the social role they have to play in strengthening family life.

A second suggestion concerned the distinctions between criminal or quasi-criminal courts, where the issues are of guilt and punishment and in which divorce cases are handled today; and the "socialized court," exemplified by the Juvenile Court, where the philosophical orientation is toward diagnosis and cure. With the comment that the behavior of unhappy spouses is often not unlike that of the delinquent child, and for much the same reasons, the Bar Association report urged the institution of family courts where all cases involving the family could be tried. Staffed, as are the best juvenile courts today, with trained specialists, including psychiatrists, clinical psychologists, psychiatric and social caseworkers, counselors, and teachers, such a court would be in a position to probe the causes of a sick marriage, and to offer an actual marriage guidance service. By thus making counseling com-

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pulsory, as contrasted with the voluntary guidance offered under other programs, and automatically extended to all who attempted divorce action rather than to the fraction of such people reached by the private agencies, a good number of divorces might be prevented. In addition, the fundamental point of attack would be shifted from the *result* of broken marriages, which is divorce, to the fundamental factors causing them. Other recommendations dealt with further study with regard to illegalizing "runaway" marriages, the feasibility of compulsory premarital education, and actual methods of pooling all of society's resources toward developing the personal attitudes which in the last analysis are the only final guarantee of marriage.

Finally, if the vast amount of law which already exists to protect the family and its members is to be effective, the family and its members must be able to take advantage of it. This involves the services of a competent lawyer whenever the need arises. But millions of people cannot pay anything at all for lawyers' services, and millions more cannot pay in full what legal services actually cost, even when they are rendered with maximum efficiency. The Conference objective for an American family which is an independent, self-respecting, self-supporting unit can only be achieved if legal agencies as well as others make their services available to everyone regardless of ability to pay. The Bar Association report concluded with a recommendation for the expansion of the already existing Legal Aid organizations, and of the newer projects for Lawyer Reference Plans and Legal Service Offices for Persons of Moderate Means.

Neighbors Then—Services Now

Organized social services are simply the expression, in a highly complex society, of the matter of fact, neighborly efforts to help those who were in trouble in our pioneering days. Institutions to care for the sick, the mentally ill, the homeless child, the aged; services to furnish nursing care, placement and foster home care for children; guidance and counseling help for the handicapped, the new settlers, the elderly; facilities to aid working mothers and veterans; a myriad of specialized services have grown up to meet the increasingly difficult problems of special groups.

The distribution of many of these services is incomplete and uneven. Numbers of them are concentrated in the larger cities, practically inaccessible to large areas of the country. Planning is needed to extend them, partly by greater public assumption of responsibility, partly by better regional planning and organization, partly by better financing and coordination of existing services to extend their reach. And equally necessary is the extension of interchange of experience, experiment and research of many disciplines. Cooperative planning and pooling of knowledge of the fields of psychiatry, education, sociology, social work, is a first requisite for the development of a sound program that will meet the needs even of these groups.

But what of the needs of the family, of the average American family which does not fall into any of these categories, is fairly well-rooted in the community, is not chronically on relief, and is doing its best to get along? This is the family which received much of the Conference's attention—the family whose needs are most often lost sight of in the welter of services for one or another special need or group. What community resources should be available to the "normal" American family? Out of Conference reports and discussions came a list of social welfare needs, neither maximum nor minimum, but representing "a reasonable goal, some of which has already been achieved and all of which seems attainable within the next few years if effective efforts are made to secure it."

An adequate, federally backed plan of social security, first of all, would include: (1) Old age and survivors insurance to cover all employed persons, in adequate amounts to provide real old age security. (2) Reasonable job security, supplemented by unemployment insurance. (3) Insurance provisions against the hazards of serious illness, as well as a comprehensive federal-state plan of public assistance, general as well as categorical. (4) Low cost public housing, to meet the needs for decent shelter of low and middle income groups.

Next, sound and effective health and welfare services, locally administered, both public and voluntary, would require: (a) an efficient county or city health department; (b) hospital and clinic facilities available to all parts of the population; (c) public social services, locally administered, with high standards and adequate budgets, to provide individualized relief with casework service, probation service in the courts, child welfare services, school counseling and guidance programs, and a public recreational program under competent direction; (d) youth services through voluntary agencies for organized recreation, informal education and cultural opportunities; (e) casework services available to any family for counseling on personal and family problems, for help in the event of serious illness, physical or mental, and the particular problems of child care.

Finally, a program of family life education, supported by the community and available to all families within it, was felt by the Conference Committee on Social Welfare, to be a vital need in helping individuals and families to understand both the adjustments and the goals of happy family life.

Family of the Future

It was given to these conferees, as they read the rich, carefully prepared materials and took part in the discussions, to catch a glimpse of what family life could be—at once a free and rewarding setting in which parents and children might grow together, and a source of healthy energy to be generated into our common life, in community, nation, and world.

Though a dynamic of family living is "elusive," its essence lies in the minds and hearts of people. And the social, educational and legal structures upon which family life depends are made up of ideas representing our collective life experience. Pressures of man's own creation force the unseen dynamic of family life against these invisible structures. In its evaluation of this impact, the Conference on Family Life has succeeded in providing some chartings for change.

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Everybody's Problem— Everybody's Interest

ERIC A. JOHNSTON

The National Conference on Family Life adjourned at noon on May 8. But all of us recognized that the falling of the gavel marked the beginning and not the end of our efforts.

Much of the great good accomplished in Washington will be largely lost unless the work of the Family Life Conference is translated into programs of action on the local level.

The appropriate sequel to the Conference would be community institutes on family life throughout the nation, each a miniature of the Washington gathering, in effect. As the Washington gathering represented an integration of more than 125 widely diverse groups, but all concerned with one phase or more of family problems, so the community institute should be an integration of community groups of comparable interest.

Certain obvious areas for national action were pointed up by the Washington conference, but the major efforts in strengthening American family life and protecting it from stresses and strains which press upon it from every side in today's complex world must be made in the community.

Delegates to the Family Life Conference and their associates within their respective national organizations can first of all sound the call in communities for assemblies on family life, which will embrace every community group and organization whose activities touch on the problems of family living.

Scores of such public spirited organizations, covering all the specialized areas — education, social welfare, health, recreation, and housing—are already actively at work. There is no need to form new organizations. That, in my opinion, would be a mistake.

A Community Institute on Family Life, it seems to me, should be the "baby" of no one agency or specialized organization. This would defeat the very purpose of the institute. Nor should it consist only of professional workers and experts in welfare fields. Volunteers as well as professionals are vitally needed—for the National Conference on Family Life clearly developed that the problem of family life in America today is everybody's problem—and its future is everybody's interest.

Community Action

I suggest two steps for local action:

The first is the selection of some one person, skilled in community organization and cooperative effort, as the acting director or secretary. The most logical place to look for such skill is an existing organization such as a community council or a chamber of commerce. He should be given executive responsibility for enlisting and coordinating the efforts of all individuals and groups that could contribute to making such a conference the basis for a closely integrated movement. To do this, he will need the active support of those initiating the plan.

The second is a determination as to whether a continuing community council to work for better family life is needed. Could such a council reduce the hazards to family life, whether economic, health, social or educational? Could it develop better services for families? A major consideration in this decision must be the community machinery already in operation and the possibility of broadening an existing council or focusing its attention on family life, instead of establishing a new competitive organization.

Integration of effort, so well started in Washington on a national scale, offers a natural blueprint for community miniatures, although each community pattern will, of course, be different. In the field of family welfare, no two communities have precisely the same picture, no two should adopt exactly the same organizational or actionary program.

The task of setting up a community council on family life, either as a new organization or within an existing communitywide structure, may not be easy. But in spite of difficulties, I believe it promises so much it will be worth all the time and trouble and effort needed.

There is probably no community in which every home is free from the stresses and strains in the broad fields, such as housing, health, and education, so intensively discussed in Washington.

Basic to all family problems is the economic welfare of the family. So long as the family income is insufficient to meet its needs, that family is consistently in danger. Preachments will not solve this problem. Neither will legislation alone. Only increasing social consciousness will solve it. The community councils can, however, keep that simple, cold fact constantly pointed out. Public awareness is, after all, the key to the solution of family difficulties in America.

In Washington, the first broad steps were taken toward arousing national consciousness of the problems of today's familes. On the local level they can be improved upon and adjusted to prevailing community conditions.

Four Goals Ahead

In each community, it seems to me, there are four goals for which to aim:

1. Better integration of services now available to families to help them build on their own strengths and to protect them from disruptive forces.
2. Establishment or extension of services to fill obvious gaps.
3. Better communitywide knowledge of the services available to families.
4. Better and wider use of the existing services.

To discover how far our own communities must go before reaching these goals, we might consider them in the light of the following questions:

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Are two or more organizations working toward the same end separately when an integration of their services could accomplish more? That must be determined by the community council.

Is there a community group functioning on the housing front? Do all the people know about it and where to find it? Are they utilizing it?

Is there an opportunity for householders to learn more of home management? Good housekeeping is, after all, a matter of good home management, a question of each family getting the most out of its available resources. Counsel and instruction should be vastly expanded in this field. The splendid work of the homemakers' clubs in the rural areas of the country is a convenient pattern for adaptation to the urban areas where urban counterparts do not as yet exist.

Is the average family aware in each community of the medical and health services available to it? Has the service been thoroughly pointed up in the community consciousness?

What can be done to increase recreational opportunities directly related to family life? This needs to be done for all age levels, but a most interesting development at the Washington Conference was the emphasis on the need to provide better recreational opportunities for elderly people. This is a growing problem throughout the nation—a direct result of the lengthened span of life—and is certain to become more pressing as the life span further lengthens in the future.

Is there a family court in the community and, if so, do people know about it and are they using it?

All through our deliberations at Washington, we talked in terms of "a family crisis," thoroughly aware that two wars and a major depression in a single generation had made a profound impact on family living.

But all through our discussions I discerned this basic question: "Are we dealing with the disintegration of family life, or are we witnessing instead of delayed adaptation of the family to modern industrial living?"

I am firmly convinced we are witnessing a delayed adaptation. The family spirit remains as strong as ever; the desire for a happy home is as intense as it ever was; the child of today is no worse than the child of yesterday.

But the 1900 family simply could not live in today's world if it were suddenly transplanted to 1948.

One has only to picture the amazing confusion of a 1900 family awakening one morning in 1948. The speculation as to the bewilderment of that family could be endless. For instance, it would be lost in the clutter of electrical and mechanical gadgets it might suddenly find in its home.

I think we would find that before the day was out, that 1900 family would have suffered from stresses and strains that we can but dimly imagine. The fact remains, however, that in our adaptation to industrial life, we have suffered almost as severely, but not as acutely, as that fictitious 1900 family. The shock on the 1900 family would occur all at once; the impact on the 1948 family is cumulative—the result of chronic pressures, slowly building and multiplying.

No One-Shot Solution

The complexity of the entire problem forbids the thought of finding one solution and each separate problem of family life calls for an individualized answer.

It was clearly brought out in Washington, for example, that in the instance of juvenile delinquency there is no one single cure—because there is no one single cause—and that if we attempt to find a one-shot, hypodermic solution we are in danger of finding no solution at all.

The convenient scapegoats of the radio serial, comic strip, motion picture, jive music, and sensational newspaper and magazine stories, often publicly whipped as the inspiration of juvenile delinquency, did not, in final analysis, stack up as very guilty.

The Big Chore of Growing Up

I carried away from the conference a simple story which so impressed me, it warrants the retelling. A few years ago, a citizens committee was studying juvenile delinquency. In the course of its inquiry it decided to visit a federal penitentiary to talk to those men whose careers of crime had begun in childhood. What these men said can be summed up in these words:

Give children a sense of being wanted—of being protected—of love.

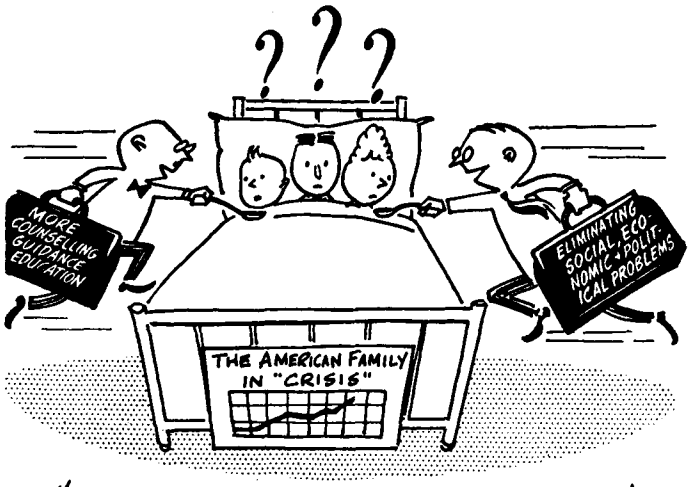
The child who feels he isn't loved suffers from lack of the security so necessary to normal childhood, so vital to cheerful adjustments of the big chore of growing up without stubbing toes.

The frightened parent, the emotionally insecure parent, the sick parent, cannot feel or express a normal love for his children. The child reflecting the parents' fear and frustrations, or frightened by parental rejection, adopts a neurotic pattern of behavior—frequently of an antisocial or vicious nature.

Wealth does not of itself spell love for the child or mean a happy home. Many a well adjusted happy family has struggled all its days to meet the rent. The problem of the happy home is bigger than that. The problem is just about the biggest job on the home front at this hour.

We need to find useful things for people to do to buttress the family structure, locally as well as nationally. Can we not use the great natural resources and talents which we have, to do a truly creative job of strengthening family life? Turn loose the fertile imaginations of 140,000,000 Americans, and the right answers are not long forthcoming.

Welcome ideas. Welcome them in the spirit we annually welcome the spring with its promise to new life, new growth, and a world aroused from sleep. The harvest cannot fail to be fruitful if we prepare for it with open hearts and open minds.



"Why not use both medicines...?"

Courtesy of National Institute of Family Relations

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EPITOMES

PUBLIC HEALTH NURSING

Nursing for Health in Tomorrow's Family

Ruth W. Hubbard, R.N.

The family of tomorrow will have goals in health which we, as members of the health team, can help them to achieve. There is a new challenging family attitude that does not accept illness as inevitable nor handicap as insurmountable. Tomorrow's family is going to want to enjoy good health and use to the full its several individual resources. Tomorrow's nurse will continue to be concerned with the care of those already ill. But she, like the nurse of today, will have as great, if not greater, concern for the maintenance and promotion of health in her families.

How can this nurse of tomorrow work with her families? I think she will render her major service for health in families in their homes, for it is in the home that the family lives. The person who hopes to help a family to healthful living must be familiar with and understanding of the family individually and collectively.

How?—you ask? Seven ways suggest themselves: the skill of the nurse in discovering the family's own sense of need for help in health; her ability to recognize and accept their readiness as it presents itself; basic knowledge so much a part of her that she can adapt it freely; ingenuity, skill, and patience in timing advice and suggestion; adequate knowledge of available health and medical resources and the way they can be used; a fundamental appreciation of her professional function as one member of a team which enables her to work with and through the other healing arts professions in behalf of her family; and a freedom from judgment, coupled with perseverence. The sense of humor is certainly indicated and will be there.

With whom does the nurse work on behalf of her families? She is but one member of a growing group in our society which works in behalf of family health. The family, the physician always, the social worker, and the minister often, are recognized members of this team.

Finally, the last question—is nursing for health in the family a pattern for all and if so how can it be secured for the American family? The Community Service Society [in New York City] has developed an outstanding example of the service we have been discussing for a small number of families. The extension of the benefits to all our countrymen is the challenge before us now.—*Public Health Nursing, June.*

From a talk given at the Centenary program of Community Service Society, March 18, 1948

AMERICAN JOURNAL OF
PUBLIC HEALTH
and THE NATION'S HEALTH

Beginnings of a Mental Health Program in a State and Local Department of Health

Kent A. Zimmerman, M.D.

Health officers in general recognize that a pressing need is the rapid development of mental health programs. Psychiatric clinics would probably be established by the thousands if it were not for the lack of funds and well trained personnel. A growing number of people are coming to feel that a practical approach could be made through professional workers already giving service to the communities.

In cooperation with the Commonwealth Fund, the California State Department of Public Health undertook a project to ascertain what kind of program might be necessary to promote incorporation of mental health principles as part of public health practice. A study of the state department and three local departments in the San Francisco Bay area [showed that] health workers are: eager for what psychiatry can offer them; feel they need the expert before anything can be done; feel inadequate in knowledge about normal emotional behavior; need more understanding of the emotional structure of the doctor-patient and nurse-patient relationship; want some instruction in interviewing and counseling.

These studies enabled us to draw up a plan of action. In the state department, the program is starting with a series of seminars for the top administrators. In two local departments projects are under way which represent approaches toward aiding nurses and physicians to grow more quickly into the role of handling the emotional aspects of everyday practice.

It is contemplated that in cooperation with the Child Development Center of the Children's Hospital of the East Bay, the state department set up an experimental experience to see whether we can supply some of the needs that nurses and physicians do not get in their professional training. A few physicians and nurses will spend two to three months working with the nursery group under competent direction. If these physicians and nurses feel such an experience is what they need, we plan to invite staff throughout the state to apply for this experience. These will provide a nucleus around which inservice training programs may be started.—*American Journal of Public Health, June.*

Channels

Public Assistance Needs a New Role

William P. Sailer

Public assistance is under critical observation in the press. It is an excellent opportunity for interpretation.

We in public assistance state with conviction that the major problem is that too many people are obligated to depend on it for their livelihood. Comparing the totals for the social insurance and public assistance [in 1947], we find an approximate weekly average of 1,000,000 unemployment compensation claims plus about 1,800,000 old age and survivors' beneficiaries—as contrasted to over 4,000,000 assistance recipients. Public assistance is a major reliance in our society today pri-

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marily because it is called upon to cushion our failures in providing other social measures to assure adequate living conditions.

In my opinion, it is in the fundamental difference between social insurance and social assistance that we can discover why public assistance is so vulnerable to attack. Robert M. Ball points out that public assistance establishes a right to a money payment, paid not because of service but because of need; and because of this, attitudes toward it and toward earned rights are very different and there is a tendency to confuse public assistance with a gratuity.

I am more and more coming to the conviction that we in public assistance have failed in our responsibility to the clientele we serve. Isn't it time for us to state unequivocally that assistance as a way of life for over 4,000,000 of our fellow-citizens is incompatible with our concept of human rights? It must be apparent that we should not attempt to rally the people to the support of the public assistance *program* as it is—rather we should present the *problem* as it is, and we should then rally the people to support remedial action for other social measures which will prevent or reduce dependency, and a comprehensive program of social insurance covering all major risks. Only then can we really evaluate the effectiveness of the public assistance program.—*Channels, May.*

RECREATION

From City to Country

Barbara Carrell

In 1877, a young clergyman, the Reverend Willard Parsons, suggested to his congregation in Sherman, Pennsylvania, that they invite needy children from New York for a summer holiday. Their response became the model for today's Friendly Towns. The late Whitelaw Reid, owner-publisher of what was then the *New York Tribune,* became so interested that he established the Tribune Fresh Air Society.

Here is how the plan works today. In the early spring, fund representatives travel out to country areas. The representatives has two responsibilities: to meet with Friendly Town committees already established and to visit new locales. Often a talk with the local minister, an informal speech to established youth committees, evokes great response. A local club can easily appoint a subcommittee to publicize Friendly Town, elicit invitations, and correspond with the Herald Tribune Fresh Air Fund in New York concerning the number of young guests invited, their arrival and departure schedules, and so forth. Such a committee must also point out that all journey expenses are paid from the fund, which is supported by donations, but that the actual small cost of the child's visit is borne by the host.

There is far more to this program than a vacation. A child's revised conception of life outside the city may turn out to be more important than the pounds he gains.—*Recreation, June.*

COMMUNITY

Camping after Sixty

It's an experimental camp for youngsters. How about trying an experiment with the oldsters, too? That was the idea that prompted the old age division of the Toronto Chest to announce in March 1947 that September would be old folks holiday month at Illahoe Lake.

A memo describing the plan went to churches, family agencies, departments of public health and welfare, and Old Age Pension Commission. There would be two holiday periods of two weeks each; the fee $6 per period. Agencies were asked to select prospective "campers" carefully, and screen out those with difficult personality traits.

There was no planned program of recreation. In the daytime the campers explored the nearby town of Coburg, or sat on the lawn chatting and knitting. In the evening checker games, bridge, and bingo popped up spontaneously. The townspeople were interested cooperators. Each period had its closing ceremony. The first a banquet; the second a "Christmas party." Forty-three oldsters enjoyed the holiday.

The results exceeded all hopes. Jean M. Good, secretary of the division of old age, summarizes the reasons: "the ideal location and comfort of the lodge; the careful selection of the group; and a wise and kindly director who knew that old people can have a lot of fun together if left to their own devices."—*Community, June.*

JOURNAL OF Social Casework
Formerly THE FAMILY

Casework Service at Intake in a Day Nursery

Mary H. Stark

Since 1937, Family Service of New Haven has provided casework service at the Leila Day Nursery. A joint committee from Family Service and the nursery meets at intervals in an advisory capacity.

Changes in the extent and focus of casework service have been made from time to time, but the committee has retained a conviction that the admission of any child should be dependent upon the joint planning of the director of the nursery and the caseworker. Through the caseworker's awareness of parent-child relationships, the personality needs of both the child and the parents, and the environmental situation, the worker can be most helpful to the director in determining whether nursery care will be a constructive experience both for child and mother and when is the best time to plan for it.

Reasons given by parents for requesting care fall into two categories: those that grow out of situations producing tensions, and those that originate in families primarily from the needs of the child.

A request for care is illustrated in the case of Mary, aged three and a half. Mary was taken to the pediatric clinic at the hospital by her grandmother, Mrs. C., because she was fretful and losing weight. The pediatrician recommended a play experience since Mary was the only child in a home of four adults. Although Mary's parents had been divorced, they were both still living with Mrs. C. She said her son, Mary's father, was considered nervous, and had always had trouble in keeping jobs. She knew he would never assume responsibility for Mary. Mrs. C. described Mary's mother as flighty, immature, and a poor housekeeper.

An excellent opportunity presents itself in the intake interview for the caseworker to help the client discuss a problem with which the family needs help. The caseworker told Mrs. C. of her connection with the Family Service and about the sort of help it gave to people.—*Journal of Social Casework, June.*

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"Dear Hellard"

RACHEL HENRY

Even you who visited the Home every so often never stayed long enough to see the panorama unfold. You see, unlike mechanical apparatus, the equipment of this Home must warm up to you in order that it may operate naturally. Humors, sighs, and chuckles would have been yours a-plenty had you stayed longer.

The picture opens with the ten dependent girls sent "Down There" in November 1925. In this group and in all the groups that have followed there were those whom some of you would call delinquent; whom others would call—oh well, what does it matter? Technical name calling, "Big One" has found, does not help much with the girls of Down There, who have shown but fickle regard for any designation other than that of *Human Being.*

Whether they are called delinquent plain bad, incorrigible, or just lively youngsters in need of education she knows that for twenty-odd years she has gone to bed saying (when not too tired to talk things over with herself): "If just one night I could say they are not the children for me; they are not the children for Vi and Jerry; they are not the children of human passion begot like cats in a blind alley at night and left to it as its own bastards. They are simply dream children. They will not be here in the morning with their eyes in my eyes."

Hellard was the most trying of this first group. Fourteen, and looking eleven, she made the Big One puff a little harder; and it was she who started that hollering of "Come here, Gal!" an expression which has grown louder with the years and which has become dear to the inmates Down There. It has become a slogan for *all is well.* "But," they will tell anybody, "when the Big One puts on her dignity, gives a girl her full title, and yells, 'You Josephine Sanderson, come here!' then you'd better watch out!"

Hellard was ginger brown and very skinny, with wide, wild, red-brown eyes and a few freckles scattered over her narrow face. Hellard could do any kind of work, but generally did none.

Big One, you wore yourself out getting her started on some little task, only to find that she had stolen pants, cap, and shirt, slipped through the woods, and joined the men and boys who were collecting crates of blackberries or planting tobacco. In relief, the other girls would let you know the moment she made her return—sometimes by one of her woodland routes, often on the running board of a car or on the tail board of a truck. Of course you did not whip her when penitently handing you the stinging switches, she said, "Beat me. I deserve it." You always knew beforehand that you would not be able to strike her, and she knew it too.

Yet, when they put Hellard on "free arrangements" shortly after she was fifteen, and you had your chance to be delivered of this non-Shakespearean Puck, you forfeited. You kept your unprofitable lodger. As a free charge, Hellard wore you out more. You tried placing her on jobs in the village. She wore you out even more.

Then one day you put a white pleated skirt, a white middy blouse and a black tie on Hellard and took her in to her mother's funeral. Though you had never seen the mother, you were as shocked as was the girl when the abrupt telephone message came. At the funeral home, you found it difficult to separate the face of the dead mother from that of the girl. *Alcoholism* was written on the death certificate of this young woman, who had died suddenly. Nickels and dimes begged by the community had kept her from the potter's field.

The mother's death seemed to harden this girl whose inheritance was a family record of bloody fighters, jailbirds, and alcoholics; whose uniquely personal heritage was a whole attic full of prefabricated lies. At fourteen, Hellard had been exposed to all the known vices. When a small girl she had learned how to play a good game of craps. And even when you learned all this—and you, of course, were the last to find it out—you still clung to her. Hellard was somehow like a little sandy brown vine that twined around you as deeply as childhood vice had coiled around her.

Sent into the city to work when she was nineteen, now looking fifteen, she would enter a home to paint, stain floors, decorate, upholster furniture, and when she had finished would bow herself out. "Another job, please, and preferably in a different line." Consequently, Hellard was a transient of Down There until she was twenty-two.

The job that Hellard likes best is that of chauffeur. Still restless and wild, she stays longest with the employer who goes the greatest number of places fastest. Yet, why disturb her bliss? She earns an independent living and keeps out of trouble with the law. Still unmarried and still childless, she replies, when asked why she does not settle down and apply her abilities. "I pay my rent, mind my business, jump in a car and go when I please, and don't get thick with nobody." Every now and then she will call the Big One and invariably end each conversation with: "Don't want for nothin', Ma." Dear Hellard.

This sketch is taken from "Down There," an unpublished book-length collection of stories written by Mrs. Henry in collaboration with her daughter, Myrtle C. Henry. The stories come out of the author's twenty-odd years' experience as superintendent of the Settlement School, Croome, Maryland, an institution for delinquent Negro girls. A former teacher in the public schools of the District of Columbia and Maryland, Mrs. Henry also held the post of superintendent of the National Training School for Girls, from 1941 to 1943.

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WASHINGTON BYWAYS

THERE IS MUCH THAT IS CLEAR and much that is confusing in the recent social security developments in Washington. On April 29, the Senate Advisory Council on Social Security, of which Edward R. Stettinius, Jr., is chairman and Professor Sumner H. Slichter of Harvard University, vice-chairman, released its first report. This called for broad liberalization of the existing law to provide old age and survivors insurance for almost all of the nation's citizens. Two subsequent reports on other aspects of social security are expected before long.

This first report was shortly followed by the House appropriations bill (H. R. 6355) which would seriously cripple the administration of the Social Security Commission. The principal premise of the Appropriations Committee is debatable. In providing for Federal Security Agency regional offices instead of Social Security offices, the committee states "that there is absolutely no justifiable basis for each major bureau or segment of the Federal Security Agency with field activities, maintaining separate regional offices and staffs independent of each other."

What is not debatable is the committee's action in removing many additional administrative and coordinating functions from the Office of the Social Security Commissioner and dividing these functions among four different segments of the security program. The *Washington Post* quotes from a letter which Professor Slichter is reported to have sent to Senator Millikin of the Senate Finance Committee. Commenting on this committee action, the letter states: "It will cut this country's social security program into four unrelated and competing segments . . . forcing each segment—old age insurance, the assistances, children's services, and employment security—to vie with each other for appropriations."

The net result of transferring regional offices to the FSA and administrative services to the bureaus is to reduce the Social Security Commissioner's budget from $3,131,165 to $221,000. It is the stated purpose of the committee to reduce the functions of the commissioner to "responsibility for direction, coordination, and control of social security programs."

Probably the most destructive aspects of the appropriations bill is, first, the reduction of funds available for information services from $109,997 to $30,000, of which $10,000 is transferred to the Office of the Federal Security Administrator and, second, the reduction of research and statistics from $229,830 to $100,000. Federal Security Administrator Oscar R. Ewing told the National Conference of Social Work of the thousands of aged people who did not receive their old age insurance because they did not know their rights. This is hardly a situation which calls for the practical elimination of information services. In regard to research and statistics, Elizabeth Wickenden, testifying for the American Public Welfare Association, emphasized the point which many others made that "social security is a highly technical subject. No progress can be made either in expanding the program or improving its effectiveness if the basic materials and technicians in the field are not available to furnish the information on which policy decisions can be made."

Regardless of how one may feel about the House Committee's administrative philosophy for the Federal Security Agency, it is difficult to see how anyone could disagree with the *Washington Post's* statement that this house budget action goes "beyond the matter of appropriations," or, as John J. Corson of that paper and former director of the Bureau of Employment Security, stated in a letter to Senator Nolan, the provisions of the appropriations bill constituted "unprecedented administrative reorganization steps legislated by the House under a suspension of the rules."

While the House Ways and Means Committee has reported out a bill broadening social security coverage, it is unlikely that this will pass both houses before Congress adjourns. Offsetting this is the fact that a Presidential veto is needed to avoid excluding 500,000 vendors of newspapers and so on, from such coverage. President Truman's strong message to Congress on this subject in May indicates clearly that social security is bound to be an important issue in the fall campaign.

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OTHER APPROPRIATIONS APproved by the House for the Federal Security Agency include:

The Mental Health Program—A total of $7,878,000 for an expansion of the mental health program—an increase of $2,471,648.

A Dental Health Program—A new $1,000,000 program was approved to demonstrate the method of applying a sodium fluoride solution to decrease dental decay in children's teeth.

The U. S. Children's Bureau—Full authorization for grants to the states was approved—$22,000,000, as well as $75,000 for the White House Conference on Children and Youth. A request for funds for a clearing house on child research and increased funds for administering grant programs was denied.

Bureau of Public Assistance—The full budget request of $797,000,000 was approved for grants to the states for public assistance—an increase of $71,000,000.

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LEGISLATION TO PERMIT THE United States to participate in the World Health Organization finally broke through the Rules Committee barriers. A new bill was rushed through to avoid the necessity of a unanimous vote needed to revive consideration of the measure in that committee. The new bill limits the United States contribution to the international organization to $1,920,000 a year.

Possible explanation of the mystery of the snagging of the bill last month may lie in another new provision which requires the President to appoint, with Senate confirmation, a practicing physician or surgeon of at least ten years experience to represent the United States on the executive board of the agency. This would rule out the appointment of the former surgeon general of the Public Health Service, Dr. Thomas Parran. Also, in the new bill is a provision that nothing in the constitution of the world organization commits the United States to enact any "specific legislative program."

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THE COMMON WELFARE

Among the States

AGAINST CRIME

In *Missouri,* measures substantially increasing appropriations and providing for a more flexible progressive program at the state's three training schools — Boonville, Chillicothe, and Tipton — were before the governor for approval at this writing.

That these measures are badly needed the Missouri Association for Social Welfare has made abundantly clear in releases urging legislative action. "For years," according to the association, "escapes and petty and major crimes occurring at the Boonville institution have been making newspaper headlines. . . . There may be valid reasons for calling in the State Patrol to take charge . . . but the taking of this drastic action emphasizes the need for fundamental change of the program."

The new appropriation will make it possible to increase the quota of house parents from twenty-four to the needed thirty-two and add two more social workers to the present two. The more than $2,500,000 earmarked under the measure for needed construction at the schools will provide for seven new cottages at Boonville, a new education building to replace a "firetrap," and a new power plant providing sufficient light for the boys to read and study by at night. A new cottage and staff residence can also be built at the state training school for girls at Chillicothe, thus making possible the transfer of girls from the Tipton Training School for Negro Girls to Chillicothe. "Highly unsanitary" plumbing facilities at both institutions will be improved.

A second measure, which embodies many of the recommendations of the State Senate Special Commission to Investigate Training Schools, provides for a more flexible use of treatment resources in helping youngsters in trouble. It establishes a minimum age of twelve for all commitments and a maximum age of seventeen for boys and twenty-one for girls; authorizes the transfer to other children's institutions of those in need of specialized treatment and for transfer of older incorrigibles to adult correctional institutions; and provides for indeterminate commitments. It also authorizes the commitment of children under the minimum age to the guardianship of the division of welfare.

Blueprint

In *Massachusetts,* the special commission set up by the 1947 legislature to study the problem of delinquency control in that state, has recommended to this year's session a drastic reorganization of the state program. Urging the abolition of state training schools as "a disgrace to the Commonwealth," the commission recommends the commitment of all child offenders to a proposed Youth Service Board which would have final control of the child from commitment to eventual replacement in the community, rather than to a particular institution.

The recommended rehabilitative program for the child would include diagnosis to segregate the physically sick, the feebleminded, and the psychotic, and to determine the child's needs; treatment and training; and reestablishment in society. The proposed board, to consist of three full time members, would also provide advice and assistance to local communities in preventing delinquency.

In the same state, a measure which would have given juries the right to recommend life imprisonment in first degree murder cases instead of the mandatory death sentence has been vetoed by the governor.

Children, Still

New legislation in *New York* provides that children under fifteen charged with capital crimes shall be considered juvenile offenders and placed under the jurisdiction of the juvenile authorities, as are children charged with lesser offenses. Fifteen-year-olds, accused of capital offenses, may be transferred by the judge of the criminal court to juvenile jurisdiction at his discretion. In approving this legislation, Governor Dewey declared: "The time is well overdue to state in the law in no uncertain terms that a child under the age of fifteen has no criminal responsibility irrespective of the act involved."

The National Probation and Parole Association which had supported this legislation with the additional recommendation that the age limit be lifted to sixteen, reported recently that progressive legislation in California, Connecticut, Indiana, Michigan, and Minnesota has placed all offenders under the age of eighteen, regardless of charge, under the jurisdiction of the juvenile courts.

Another measure designed to insure the segregation of youthful offenders specifies that the taking into custody of a youthful offender must constitute a "detention," not an "arrest."

Toward Understanding

The *New York* legislature also appropriated $35,000 to the State Department of Mental Hygiene for a study of the medical, psychiatric, and psychologic aspects of sex crime. The study which will seek effective means of treating sexual psychopaths will be carried on at Sing Sing, to which all such convicts will be transferred.

RACE RELATIONS

Affirming by resolution the equality of all people under the law, the *Missouri* House of Representatives by resolution authorized the appointment of five House members to serve on a Missouri Equal Rights Committee. This committee, which has an appropriation of $500, is to hold public and private hearings throughout the state and recommend to the General Assembly measures to implement equality in rights and opportunities in Missouri.

Open to All

In *New York,* a joint campaign by Protestant, Jewish, Catholic and educational groups has effected enact-

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ment of a new law prohibiting racial or of higher education. Organizations rallying support for this measure included the American Jewish Congress, the National Association for the Advancement of Colored People, the Human Relations Commission of the Protestant Council of the City of New York, and the New York State Committee for Equality in Education.

The measure authorizes the State Commissioner of Education to investigate institutions suspected of discrimination on the basis of race, color, religion, creed or national origin and to conduct private discussions in an attempt to change this policy. If this fails, a public hearing will be held before the Board of Regents which may issue a cease and desist order enforceable in the courts.

Denominational institutions may continue to operate "exclusively for students of their own religious faith," but may not discriminate on a racial or national basis.

Such legal provision has been recommended by the President's Commission on Higher Education on the grounds that private colleges have the benefit of tax exemption and carry a public responsibility. The commission, in a recent report, attributed to discriminatory policies in colleges the tremendous shortage of Negro professional leaders, particularly in the areas of medicine and dentistry.

Housing for All

The *Massachusetts* legislature has passed a measure prohibiting racial or religious discrimination in public housing developments.

Mailbag Roundup

A valuable source for agencies concerned with planning for the chronically ill is the full report of the Illinois legislative commission on the care of chronically ill persons. [See THE SURVEY, November 1947, special section on "Chronic Illness."] The report, of some 300 pages, is now available on request to interested agencies.

It includes chapters on: the activities and recommendations of the commission; the principal chronic diseases; the extent of chronic illness in Illinois; recent developments to cope with this health problem in Illinois and other states, in the federal government and in England. The appendix contains valuable technical material, including Dr. Andrew C. Ivy's proposal for a Research Institute for the Study of Chronic Illness and Geriatrics; and a report of a special committee on minimum standards for the care of the chronically ill.

Copies may be secured by writing Sen. T. MacDowning, chairman of the commission, P. O. Box 234, Springfield, Illinois.—*From* SURVEY *correspondent Mary-Claire Johnson, Illinois Public Aid Commission.*

Growth

At the University of Kansas, the department of social work established in 1946, has been admitted into provisional membership as a two year school by the American Association of Schools of Social Work. The department, which in 1947 absorbed the staff, students, and library of the Kansas City Unit of Washington University, has a present enrollment of twenty-nine full time students.

It offers a certificate in social work for completion of thirty semester hours of classwork and eight of field work; and a degree of master of social work for fifty-two hours of class work and twelve in the field. Four certificates have been awarded thus far. — *From* SURVEY *correspondent Lois Schmidt, Kansas Department of Social Welfare.*

From Michigan

The Michigan Department of Health has developed a plan to make the skilled services of its Rapid Treatment Center at Ann Arbor available to physicians practicing in isolated areas of the state. Under the plan, rural doctors may send their patients to the center for diagnosis and recommendation for treatment.

The center, which is operated in cooperation with the U. S. Public Health Service, has treated 10,000 cases of venereal disease during the past four years.

To give the people of the state a better understanding of the problems of heart disease, the film "Be Your Age," prepared by the Metropolitan Life Insurance Company and the American Heart Association, is being shown in theaters throughout the state under the sponsorship of the department, the state medical society, the Michigan Crippled Children's Commission, and the Michigan Society for Crippled Children and Adults.

Certificates of birth registration, which do not give the names of parents thus preventing disclosure of illegitimacy, are now being furnished by the department upon request. These certificates, containing only name, place and date of birth, are satisfactory for school and work permit purposes and acceptable as proof of age.—*From* SURVEY *correspondent Virginia W. Baird, Michigan Department of Health.*

Clinics for the Blind

In California, Dr. William A. Pettit, state ophthalmologist, recently completely a series of diagnostic clinics held throughout the state to determine the treatment needs of people receiving blind assistance or applying for it. Each patient was examined personally by Dr. Pettit.

The high standard reached by the medical section of the blind assistance program in this state is largely due to Dr. Pettit's outstanding leadership. The program recently received the commendation of the Social Security Administration.—*From* SURVEY *correspondent Harry B. White, California Department of Social Welfare.*

More Money

In Missouri, a changed pay schedule went into effect on May 1 for over 6,000 state employes. Most of these found more money in their pay envelopes. The enabling legislation, enacted in the recent legislative session, brings the more than 1,500 employes of the division of mental diseases in the Department of Public Health and Welfare, under the merit system. The department's other two divisions—health and welfare—had previously been covered by this system.

Superintendents as well as staff members of the state's twelve health and welfare institutions are affected by the new law.—*From* SURVEY *correspondent Samuel Marsh, Missouri Department of Public Health and Welfare.*

Alcoholism

The *Virginia* legislature, after almost two years of investigation and hearings, has passed an enlightened bill for the care of problem drinkers. The measure, which carries an appropriation of $200,000 for the biennium, is based on the statement of social action principles of the Research Council on Problems of Alcohol.

It "will undoubtedly serve as a model for the rest of the country," Joseph Hirsh, acting director of the council, who helped frame the legisla-

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tion, declared in a recent statement. "Virginia did the logical thing in setting up a Bureau of Alcohol Studies and Rehabilitation where it belongs, in the State Department of Health, alongside of other bureaus designed to cope with particular health problems," thus avoiding "the mistake which some other states have made of establishing expensive, independent governmental superstructures in the form of State Commissions on Alcoholism to cope with this problem."

The new measure follows the council's recommendations for utilizing existing agencies for treatment. The general hospital is substituted for the jail as a reception center for alcoholics. Initial responsibility for the study and treatment of alcoholics is placed upon the medical schools and their affiliated hospitals, "the type of institution best qualified by personnel and facilities to undertake such programs."

The first of several envisaged state research and treatment centers will be set up at the Medical College of Virginia in Richmond, where alcoholic patients will receive both hospital and clinic care.

Testimony

An impressive number of bills designed to cope with alcoholism as a public health problem have been introduced into state legislatures in session this year. The council has been requested to advise with the framing of several.

In February, Dr. Anton J. Carlson, president and scientific director of the council, and Stanley Rappeport, assistant director, testified before the Joint State Government Commission of the *Pennsylvania* legislature on the need for legislation to cope with problem drinking. Dr. Carlson pointed out that since "the key to this illness is compulsive drinking . . . establishment of treatment facilities for the rehabilitation of problem drinkers is not adequate. We must also make provision for research into the causes and prevention of this malady."

Mr. Rappeport presented an eight-point program designed to guide the framing of this type of legislation. His recommendations included: the substitution of the general hospital for the jail as the screening and referral center for *all* alcoholics; treatment of the emotionally unstable, neurotic, and normal excessive drinker at the general hospital; referral of patients, whose abnormal drinking is purely symptomatic, to existing mental hospitals; establishment of farm or industrial colonies for "Skid Row" alcoholics; utilization of existing medical schools and affiliated hospitals for research into the causes, treatment and prevention of problem drinking; establishment of a program for controlling alcoholism within the framework of the public health agency; and vesting legal authority for the control of the alcoholic in the health agency not in the police department.

In Print

"Taking the Cure," by Dr. Robert G. Lovell, is written primarily for the new tuberculosis patient entering the hospital or sanatorium. Going thoroughly into the technique of living in bed, the book includes numerous suggestions for passing the hours happily, as well as answering many vital questions which arise for the patient at such a time.

The book may be secured for $2, from the Macmillan Company, New York, N. Y.

Announcements

"Issues behind the Headlines of 1948" will be the theme of the Summer Institute for Social Progress at Wellesley College June 26 through July 9. Participants, representative of a wide variety of vocations, political parties and racial and religious backgrounds, will explore such questions as: How can we resolve our differences with Russia? How far have intergroup tensions already poisoned our atmosphere, and how can they be eased? Applications should be addressed to Harriet M. Smith, 19 West Mohawk Street, Buffalo, N. Y.

Kent State University in cooperation with the American Institute of Family Relations will conduct an institute on education for family life and marital counseling, July 5-10. Further information may be secured from the university, Kent, Ohio.

Of particular interest to the field of social hygiene, is the sixth annual course in health and human relations to be given at the Hospital of the University of Pennsylvania, June 28 to July 30. The course, which is offered through the university's School of Education and Institute for the Study of Venereal Diseases, is designed to develop an understanding of how to help young people make intelligent adjustments to sex life and behavior. Sponsors include the Public Health Service, the American Social Hygiene Association, and the Pennsylvania State Department of Health. Further information may be secured from Dr. John H. Stokes, director, Spruce and 36 Sts., Philadelphia 4

Mental Health Conference

Harvard University Summer School and Massachusetts Society for Mental Hygiene are sponsoring a conference on mental health at the university July 21-22. The conference, according to *Massachusetts Mental Health,* published by the society, has been "particularly planned for educators, scientists and laymen who are interested in the present-day application of dynamic psychology to all the social sciences as well as to the field of medicine." Dr. Karl A. Menninger of the Menninger Clinic, Topeka, Kansas, will preside.

Labor Institute

The summer session of the Hudson Shore Labor School will include, in addition to its classes for industrial workers, a general institute for members of social agencies engaged in programs for industrial workers, to be held July 17-31. Scheduled to permit participation in the workers' school, the institute will be centered around such topics as the labor movement, its philosophy and its role in the current scene; workers' education; and strengthening the forces of democracy. Further information may be secured from the school, West Park, N. Y.

Fellowships

The National Foundation for Infantile Paralysis is offering fellowships leading to a master's degree in public health. Candidates must be citizens, between the ages of twenty-two and forty, and must meet the entrance requirements of an accredited school of public health. Detailed information may be secured from the foundation, 120 Broadway, New York 5.

Fellowships in child psychiatry are offered by the American Association of Psychiatric Clinics for Children in cooperation with the Public Health Service, the Commonwealth Fund, and some local funds. These are for one and two years, and carry a stipend of $3,000 for the first year and more for the second. Further information may be obtained by writing Dr. Abraham

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Z. Barhash, at the association, 1790 Broadway, New York 19.

Scholarships

The Delta Gamma Fraternity has a $1,000 annual fund, from which smaller scholarship awards are available for the training of orthoptic technicians, teachers of partially seeing children, or specialists for blind preschool children. The amount of each award is determined by the particular need of the applicant and costs involved. Applications should be submitted to Mrs. Richard P. Miller, 39 West Jefferson Road, Pittsford, N. Y.

Approved

The AASSW reports that five new schools have been approved for the psychiatric social work sequence. They are: Boston University, the University of Denver, the College of William & Mary, Fordham University, and the University of North Carolina.

For Teachers of the Blind

The Committee on Child Development of the University of Wisconsin, in cooperation with the American Foundation for the Blind, is including special courses for teachers of the blind in its summer program, June 28 to August 20. These include: special techniques and appliances used in teaching the blind; and the education of the partially seeing child. Other courses in the program helpful to special teachers deal with the nature of the exceptional and the mentally handicapped child.

A training program for teachers of the blind will also be given at the College of Education, University of Washington, Seattle; July 22 to August 20. Dr. Berthold Lowenfeld, director of educational research, American Foundation for the Blind, will be on the staff. He will teach the psychological aspects of visual defects, and methods of teaching blind children in consideration of their special needs.

Workshops

Two workshops, in general education and in counseling, will be offered at the New England Workshop on Education and Counseling at Goddard College, July 5 to August 14. The first, a general education workshop for teachers, college students, and adult leaders, will deal with human relations in schools.

And the second, for people who work professionally in the field of counseling, offers intensive study in such areas as: psychological counseling, theory and practice; evaluation of current counseling techniques; vocational counseling. Further information may be secured by writing George Beecher, director of the workshop, Goddard College, Plainfield, Vermont.

Mills College is offering two new programs, a Kindergarten Workshop and a Workshop in Counseling and Guidance, in its summer session on child development July 3 to August 14. The first will include study of the growth and development of four and five-year-olds and of the kindergarten method. The workshop offers a basic preparatory course for counseling positions in high schools, colleges, and youth serving agencies. Detailed information may be secured by writing to the Office of the Summer Session, Mills College, Oakland 13, California.

Grants

The Committee on Human Reproduction of the National Research Council, acting for the National Committee on Maternal Health, is accepting applications for research in the field of human reproduction until August 1. Emphasis during 1948-49 will be on study of the factors controlling conception, fertility and sterility. Application should be made to the committee, National Research Council, 2101 Constitution Ave., N.W., Washington 25.

In Print

"Law of Adoption Simplified," by Morton L. Leavy, is designed for people interested in adopting children. Prepared in cooperation with the U. S. Children's Bureau and various state welfare departments, it presents, in simple, nontechnical language, a digest of adoption laws and procedures in the different states. One dollar from Oceana Publications, 115 West 42 Street, New York 18.

Parents of young children might well secure a copy of the recent book "Child Care Questions and Answers," compiled by the Children's Welfare Federation of New York City. A panel of twenty-nine experts clearly and concisely provides the answers to 400 questions troublesome to parents. These range from "What are some of the first signs of illness?" to "Shall I spank my child when he has a temper tantrum?" Two dollars from Doubleday & Company, Inc., Garden City, N. Y.

Working Parties

A major activity of the United Nations secretariat will be the promotion of "working parties" of social workers in as many member nations as possible to act as liaison in interpreting its social welfare program, Adolphe Delierneux, assistant director of the Division of Social Activities, reported to a UN International Working Party meeting at Lake Success in April, attended by delegates to the International Conference of Social Work. The secretariat has had signal success with several such groups set up on an experimental basis in the United States and some other nations.

Such a working party, coordinating and rendering articulate the best thinking of diverse social welfare groups within a country, can be of immense value in supplying detailed and technical information to the division, Sir Raphael Cilento, director of the division told the meeting. As an unofficial body it can be a means through which social workers may assist their governments in selecting UN fellows and making use of the division's other welfare services.

Several delegates had complained during the meeting that their governments do not always consult with social welfare groups in making these decisions. The working party can also bring its influence to bear on official UN delegates, who determine the division's program and budget.

Dorothy C. Kahn, executive director of the Welfare Council of New York City and chairman of the United States working party, reported that her group has been helping to provide needed data on social problems to the secretariat, as well as suggestions regarding method and content of studies, and has been responsible for the interpretation of the UN program to other groups here. The most important single contribution of the working party, however, has been in "raising the sights" of its members to the international level, she said. "It has reduced our provincial viewpoint and corrected the notion," she added, "that the way we do things, however well it seems to work for us, is necessarily the way they should be done in other places in the world."

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BOOK REVIEWS

PSYCHOTHERAPY IN CHILD GUIDANCE, by Gordon Hamilton. Columbia University Press. $4.

THIS BOOK BY A PROFESSOR OF CASEwork at the New York School of Social Work is an enunciation of both the philosophy and practices of the Jewish Board of Guardians. It may well become a "must" reading for every social worker and, indeed, for psychotherapists as well, insofar as they are interested in pursuing their work beyond the four walls of office or institution.

Various types of behavior disorders in children are described, together with the diagnostic and treatment processes involved. There is consideration in successive chapters of young children, the older child, the adolescent, and the family as a whole. The chapter on the older (school age) child is perhaps of special interest because the literature and general understanding of this period have heretofore been limited. All are amply illustrated from case records and the part played by the worker in the child's rehabilitation stands out clearly.

The author and agency alike believe in the effectiveness of a continuous fusion of psychoanalytically oriented psychiatry and social casework; the book makes amply clear the reasons for this belief and indicates how such a fusion may take place and the conditions under which it may be adequately safeguarded and controlled.

Of further interest is the conviction that all social casework must be family oriented. Not the child alone, but the functioning family unit is the object of concern. We therefore find continuous emphasis on the worker's relation not only to the child, but also to the parents of the child in treatment.

"A little child cannot relate himself to the worker unless his mother can also relate herself to the treatment process. . . . Time given to the parent . . . may be well spent." And again:

"Recognition that the parent needs acceptance as a person, not merely objective advice, has affected all technique."

The concluding chapter, "Preparation for Psychotherapy in Social Work," deals with the proper qualifications and training for those who would work in this field. With the demand for psychotherapy constantly increasing, with the resources of available agencies of all types stretched to the breaking point, with long lists of clients waiting for help, this surely is a matter of the utmost concern.

ANNA W. M. WOLF

Child Study Association of America

FREUD: ON WAR, SEX AND NEUROSIS, edited by Sander Katz with preface and definitive glossary by Paul Goodman. Arts & Science Press. $3.

THIS VOLUME REPRESENTS AN ADEquate translation of seven of Freud's essays on sex; one on the resistances of the laity as well as professionals to psychoanalysis; and one on his reactions to World War I, wherein he expressed his interpretation of some unconscious as well as cultural factors underlying war mongering.

Freud's great skill and courage are attested to by the direct and unorthodox way (for his day) in which he approached subject matter that was then taboo even in medical circles. It seems almost ludicrous nowadays that a medical authority should have had to excuse himself for considering a patient's sexual adjustment.

In the case of Dora, he presents his case study method in a lucid and vivid style. His material is now so well known that such a paper can be presented for lay consumption. Whether or not one agrees with all of his interpretations and techniques, one cannot but admire the consistency of his approach, especially as it includes efforts to gain evidence directly from the patient's own associations and reactions. Here are the seeds of later developments in psychotherapy.

Freud's iconoclastic comparison between obsessive acts and religious practices have earned him much criticism because of his daring to question the psychological validity of some of the basic religious practices. Whether or not his intention is true that such practices are merely neurotic defenses against repressed drives, we must consider their value to large numbers of persons and the role they play in our culture. Whatever the restrictions are that devolve from our cultural milieu, the question remains whether all such defenses can be made unnecessary.

Freud's essay on the sexual enlightenment of children remains a beacon for all child psychologists, educators, social workers, and others engaged in extending help in the arduous and perilous task of child rearing.

His interpretation of the casual relationship between our culture and civilization and extensive sexual maladjustment and neurosis is borne out by recent studies. His surmises have led to valuable areas of research.

His definition of the personality of the man who must compete in love and lose, or of the one who must choose a degraded love object as stemming from different aspects of the unresolved Oedipal triangle are by now classics. They have been challenged on anthropological and other bases but still remain among the most dynamic explanations offered. His view of man's sacrifice of instinctual free expression for the benefits of civilization will bear still further study via comparative psychology and anthropology, using both primitive and modern social systems as the frame of reference for further study.

This is a book well worth having in one's library. It is gratifying that at least three essays are again readily available at a reasonable rate.

Editor, LEON LUCAS
Journal of Psychiatric Social Work
New York City

REHABILITATION OF THE PHYSICALLY HANDICAPPED, by Henry H. Kessler, M.D. Columbia University Press. $3.50.

THIS AUTHOR HAS ADDED ANOTHER valuable book to the literature on the rehabilitation of disabled persons. In this new work he emphasizes the problem of the disabled as one in which the productive usefulness of the individual must be the fundamental purpose of his rehabilitation.

Rehabilitation is described as an integrated program in which physical restoration, guidance and training, and placement in a job are combined in a total plan for the individual. He stresses a complete service rather than its medical phases. Recognition by a medical expert of the importance of

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Walter Roy has been appointed director of recreation in the Chicago Park District, succeeding *V. K. Brown* who has retired.

The Illinois Department of Public Health has named *Dr. Ruth Dunham* to administer the state's mental hygiene program.

New executive secretary of the Mt. Vernon (N.Y.) Community Fund and Council is *Wallace S. Hughes,* previously executive director of the Alexandria (Va.) Chest and Council.

Kenneth R. Foresman has been named to the staff of the Minneapolis regional office of the Social Security Administration as child welfare representative. He was previously executive secretary of the Los Angeles office of the Children's Bureau.

The U. S. Public Health Service has named *Dr. Norman H. Topping* to the new position of associate director, National Institute of Health, Bethesda, Maryland.

New executive of the Sangamon Council of Social Agencies in Springfield (Ill.) is *Naomi Hiett.*

Earl G. Lippincott has taken over the agency relations job with the United Health and Welfare Fund of Michigan. His experience includes work with the social protection division, Federal Security Agency, and the Russell Sage Foundation.

The Community Chest of Philadelphia and Vicinity has appointed *Joseph D. Gibbon* as executive director. He has been serving as acting director and campaign director.

New executive secretary of the Juvenile Protective Association in Aurora (Ill.) is *Martha K. Ellis,* formerly with the Children's Aid Society of Clayton (Mo.).

Charles W. Colwell, a 1948 graduate of the School of Social Administration at Ohio State University, has been appointed executive of the Greater Greenville (S.C.) Council of Social Agencies.

Joseph W. Sanford has resigned as warden of the United States penitentiary at Atlanta to become commissioner of corrections in Michigan.

John N. Blow has been appointed executive secretary of the Community Welfare Council of Ontario, which has its headquarters at Toronto.

The Children's Home Society of California has named *Frank Lindsay Rand* as public relations director.

Henry Ford, II, has accepted the national chairmanship of the Community Chest of America, succeeding *H. J. Heinz, II,* who will continue as a vice-chairman.

The California State Department of Social Welfare has named *Louis Kuplan* as supervisor of the bureau of old age security. Mr. Kuplan served previously with the Social Security Administration.

Elizabeth Lynch has been appointed child welfare director in the Los Angeles County Bureau of Public Assistance. She served previously with the Ohio Department of Public Welfare.

The Kansas Department of Social Welfare has named *Mildred Lacey* as consultant in the division of child welfare. Miss Lacey served previously in the child welfare division Arkansas Department of Social Welfare.

Thomas W. Fetzer, former executive director of the Community Chest and Council of Social Agencies at Lorain, Ohio, has been named secretary of the Kansas City (Mo.) Council of Social Agencies.

The U. S. Public Health Service has named *Constance Long* as chief of the nursing section, hospital division, succeeding *Jessie MacFarlane* who has retired after twenty-six years service.

The Iowa Department of Social Welfare has appointed *Ross T. Wilbur* as director of the child welfare division, succeeding *Mildred Hunt* who has resigned. Mr. Wilbur has been serving as child welfare consultant for the department.

Retired

Christopher G. Ruess has retired as director of education and research in the Los Angeles county probation department at the age of seventy to enter, as he puts it, "a new chapter of my life." He is now engaged in old age counseling.

L. F. Murphy, long active in correctional work in Wisconsin, has retired as warden of the state prison at the age of seventy. The first vice-chairman of the Professional Council of the National Probation and People Association, Mr. Murphy entered the correctional field in 1925. One of his early assignments in Wisconsin was to develop a staff of probationary officers.

Dr. Justin K. Fuller, medical director, Federal Bureau of Prisons, and chief medical officer, training bureau, U. S. Maritime Commission, will retire from active duty with the Public Health Service in June. Widely known as an authority on prison medicine, Dr. Fuller is planning to accept a position as medical consultant to the California State Department of Corrections. *Dr. Stanley E. Krumbiegel* will succeed Dr. Fuller at the Bureau of Prisons and *Dr. Daniel J. Daley* at the Maritime Commission.

Honors

To *James V. Bennett,* director of the U. S. Bureau of Prisons, the Decoration for Exceptional Civilian Service, for his wartime contribution as first director of the Prison Branch, Office of Military Government, and as consultant to Under Secretary of War.

To *Dr. V. Mary Crosse* of the Birmingham, England, Public Health Department, elevation to the rank of Officer of the Order of the British Empire in recognition of her work on the care of premature babies. . . . To *Dr. Jacob S. Wolfe* of Bloomfield, New Jersey, selection as "the most outstanding family doctor in the state" by the Medical Society of New Jersey at its annual meeting.

To *Katharine F. Lenroot,* chief of the U. S. Children's Bureau, selection by the American Woman's Association as woman of the month for May in recognition of her "years of selfless and constructive public service." . . . To *Angela Cox,* executive director of the Family Service Society of Atlanta, selection as Atlanta's Woman of the Year in Social Welfare, "for her outstanding leadership in providing improved facilities for social welfare . . ."

To *Reverend Bedros Baharian* of Quincy, Massachusetts, and *Reverend Herbert King* of New York, annual Thomas Jefferson awards from Council against Intolerance in America," for

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WORKERS WANTED

CASEWORKER—Professionally trained worker wanted for Jewish Agency in large eastern city. Present salary range of $2400 to $3400. Starting salary will depend upon qualifications and experience. 8770 Survey.

HIGHLY desirable community organization position working intimately with Negro people in progressive Southern city, population 100,000. Position being created to carry out constructive inter-racial program for betterment of community relations based upon study made by national organization. Excellent opportunity with substantial local support. State qualifications and salary expected. 8778 Survey.

SAN FRANCISCO CATHOLIC SOCIAL SERVICE HAS OPENING FOR PROFESSIONALLY QUALIFIED SUPERVISOR IN CHILDREN'S DIVISION (SALARY $3708-$3924) AND CASE WORKERS IN FAMILY AND CHILDREN'S DIVISIONS $2700-$3924). APPLY TO GENERAL DIRECTOR, 995 MARKET STREET, SAN FRANCISCO 3, CALIF.

CASEWORKERS for natonal agency with multiple service program for adjustment of foreign born in U. S.; M. S. degree required; salary range $2700-$3925; appointment within range, depending on experience. Promotion opportunities. Knowledge of German or Yiddish desirable. Write or telephone United Service for New Americans, Inc., 15 Park Row, New York 7, N. Y. CO 7-9700.

STUDENT SUPERVISOR in public agency for first year case work students accredited school plus certain agency training duties, $3600. Write Dean, Kent School of Social Work, University of Louisville, Louisville 8, Kentucky.

WORKERS WANTED

CASEWORKER—Child Welfare Department of Jewish Family and Children's Agency has opening for professionally trained and experienced worker. Present salary range $2400 to $3400 depending upon experience. This is in the process of revision. Responsibilities include student supervision and special assignments. 8769 Survey.

CASE SUPERVISOR: Male or female. Minimum requirements include MSS from accredited school with previous supervisory experience in agency handling family or children's casework program. Salary up to $4,200. Challenging opportunity. Family & Children's Service, 602 South Cheyenne, Tulsa, Oklahoma.

PROTESTANT CASE WORKER, for progressive, expanding children's agency (Lutheran). Excellent supervision. Good personnel practices. Salary dependent upon training and experience. Located in Northern Ohio. 8767 Survey.

CASE WORKER—with M.S.S. or one year in graduate school plus experience. Excellent working conditions. Salary according to qualifications and experience. 8664 Survey.

CASEWORKER. Female, graduate of accredited school of social work, for family casework with Jewish agency. Good salary. Opportunity for some community organization. Write fully concerning qualifications to Jewish Welfare Service, 18 South Stockton Street, Trenton, New Jersey.

CASEWORK VACANCY in family agency with psychiatric orientation under guidance of consultant psychiatrist and analyst. Psychiatric social worker preferred. Child placing and previous family agency experience valuable. Vicinity of New York. 8771 Survey.

CASE WORKER wanted for Family Agency. One year graduate training. Beginning salary $2600 year. Write Mrs. A. Morris, Executive Secretary, 1 Fenton Place, Jamestown, New York.

GROUP WORKER, Master's Degree, as Program Director small secular Neighborhood House. Woman preferred. State Salary desired. Skyline Community Center, 743 Osage Avenue, Kansas City, Kansas.

ASSISTANT SUPERINTENDENT. With group work training and/or experience. Institution for court committed delinquent white girls, 11-18 years. Average 55 in-residence. Superintendent graduate social worker. Salary $2400 plus full maintenance. Excellent food, beautiful setting, 75 acres, 4 colonial stone buildings, 6 miles north Wilmington, Delaware. Half way between New York and Washington. Position open now. Write Woods Haven School, Claymont, Delaware.

CASEWORKER for families and children. One year or more graduate training desired. Good personnel practices. Salary dependent upon training and experience. Indiana. 8701 Survey.

CASE WORKER experienced in family and children's work, especially in the latter field, for a small multiple function Jewish agency in a middle size, midwestern community. Opportunities for student supervision, community and group work-case work activities. Salary range between $3,000 and $3,800. 8661 Survey.

WORKERS WANTED

WANTED IMMEDIATELY

Two thoroughly educated, trained and experienced Senior Case Workers, who can furnish references from reputable Child Welfare Agency. Permanent position assured right persons. Preference will be given to persons having had Southern States experience. Salary range from $3,000 to $3,600 depending on the qualifications. Write Children's Home Society of Florida, 403 Consolidated Building, Jacksonville, attention Marcus C. Fagg, State Superintendent.

NB: We are a State wide non-sectarian, private, child placing agency.

CASE WORKER, two years' graduate training in accredited school of social work, preferably with psychiatric field work experience, to carry selective caseload of varied family problems in small, newly established family agency. Some public relations. Interesting and challenging opportunity. Salary $2700. Apply Mrs. Katherine Webb, Executive-Secretary, Family Service Agency, 31 N. Sutter Street, Stockton, Calif.

CASE WORKERS—openings in children's agency operating child guidance and child placing units. Want highly qualified experienced workers. Salaries based on qualifications. Write Jacob L. Trobe, Executive Director, Jewish Child Care Association of Essex County, 31 Clinton Street, Newark 2, N. J.

CASEWORKER, by Family Service agency with high standards. Graduate from school of social work, with some courses in supervision, interested in training for supervisory position. Prefer someone who has either supervised student or beginning worker. Beautiful southern city, cosmopolitan, ideal climate, good salary, attractive working conditions. 8726 Survey.

CASE WORKER for progressive, expanding family agency. Excellent supervision. Opportunities for community work. Salary commensurate with experience. Write John W. Anderson, Executive Secretary, 411 Walnut Street, Allentown, Pa.

CASEWORKERS: Male or female for Jewish child care agency offering foster home, institutional, adoption services. Excellent supervision. Staff psychiatrist and panel of nationally known child psychiatrists. Must have completed graduate training. Salary up to $4140. Jewish Children's Bureau, 231 S. Wells Street, Chicago, Ill.

SEVERAL VACANCIES in a newly merged Jewish Family and Children's Agency for graduate caseworkers with family or child welfare background. Salary range $2,400 to $3,700, according to experience. Opportunity for supervision. Apply to Mr. Jacob Little, Executive Director, United Jewish Social Service Agency, 91 Vine Street, Hartford, Connecticut.

SOCIAL WORKERS—male. City office State Training School for Boys. Salary begins $3176 including cost of living adjustment; yearly increment $120. Case work with delinquent boys. Accredited graduate school training and case work experience with children required. Apply Case Supervisor, 205 East 42nd Street, Room 515, New York City 17.

SUPERVISORS—two openings for supervisors child guidance and child placing units. Require highly qualified experienced supervisors. Salaries based on qualifications. Write Jacob L. Trobe, Executive Director, Jewish Child Care Association of Essex County, 31 Clinton Street, Newark 2, N. J.

GROUP WORKER: Male or Female. Graduate training. Experience preferable but not essential. Work includes all areas of program, shared responsibility for supervision of volunteers and students. Write fully concerning qualifications. Hull-House, 800 South Halsted Street, Chicago, Illinois.

VOLUNTEER BUREAU DIRECTOR for new Bureau in Mid-Western City. Salary range $3000 to $3600. Welfare Council of Vanderburgh County, 206 S. E. First Street, Evansville, Indiana.

CASEWORKERS AND SUPERVISOR professionally qualified, for agency caring for children in foster homes and in cottage type institution. Workers needed for foster home and adoption work and for direct work with emotionally disturbed children in cottages under psychiatric consultation; also experienced worker to supervise part time. Write The Children's Center, 1400 Whitney Avenue, New Haven 14, Conn.

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DISTRICT WORKER

Salary Range: $285.00-$315.00 per month. Appointments at the minimum.
Minimum Qualifications: College 4 years, graduate study 1 year at recognized school of social work which must have included courses in child welfare and public welfare administration and supervised field work in child and family welfare.
Experience: 3 years in the past 6 years of social work, 1 of which must have been in child welfare, 1 year in public assistance and 1 year in a supervisory capacity.

CHILD WELFARE WORKER

Salary Range: $270.00-$300.00 per month. Appointments at the minimum.
Minimum Qualifications: College 4 years, graduate study 1 year at recognized school of social work which must have included courses in child welfare and public welfare administration and supervisory field work in child and family welfare.
Experience: 1 year in the past 5 years of social work in child welfare.

For application blanks and information write via air mail, supplying minimum qualifications to

ALASKA DEPARTMENT OF PUBLIC WELFARE
Box 2781 Juneau, Alaska

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(Continued from page 218)

guidance and training and employment in this program is reassuring evidence of our modern ideas of medical care.

Rehabilitation problems arising out of various types of disabilities and the adaptation of general techniques to individual situations are well illustrated in the discussion of the recovery problems of persons who have had tuberculosis. The application of method to individual treatment is illustrated by case material taken from the writer's experience in the civilian program in New Jersey and more recently in his rehabilitation program for military casualties in the U.S. Naval Hospital at Mare Island, California.

Among the many points stressed by Dr. Kessler are the importance of the physically handicapped as a source of manpower; the powerful factor of social prejudice; the desirability of combining public services for the child and adult handicapped; the establishment of independent state rehabilitation agencies; and the unique and radical idea of establishing a universal health record as a means of assessing manpower resources and correcting preventable defects and disabilities.

The practical approach used by Dr. Kessler makes this book a valuable guide to workers in rehabilitation agencies and a handbook of information for those concerned with related services.

TRACY COPP

Former Assistant Director
Office of Vocational Rehabilitation
Federal Security Agency

PSYCHOLOGY IN LIVING, by Wendell White, Ph.D. Macmillan. $2.95.

THIS IS A REVISED EDITION OF A BOOK by a teacher of applied psychology at the University of Minnesota. Its aim is to cover the entire use of psychology in living, in respect to both the healthy and mentally ill persons.

The first of its two parts deals with psychology in personal relationships, and the second with the use of psychology in the achievement of mental health. He attempts to show how psychology can be used to acquire a sense of personal worth, an interesting life, activity, love, physical well-being, a livelihood, and a sense of security.

The last half of the book, concerning mental hygiene, contains chapters on requirements for mental health, conflict, types of adjustment, insolence and vanity, envy and jealousy, day dreaming and other subjects. Though the book contains a wealth of useful material, the field is far too large to be covered in any one volume. Consequently there is a lack of depth and continuity. The book may be useful to persons who want to get a bird's eye view of the field, or it may serve as a useful reading outline for someone who wishes to go deeper into the subject.

A. LOUISE BRUSH, M.D.

New York City

THE CHILD AND HIS WELFARE, by Hazel Fredericksen. W. H. Freedman and Company.

THE WEALTH OF INFORMATION AND help contained in Mrs. Fredericksen's splendid book, "The Child and His Welfare," is much needed and will be gratefully welcomed by all persons interested in helping children achieve satisfying and useful lives. The author's intention, as stated in the preface, is "to give a broad view of the field of child welfare and to suggest approaches for the worker in this field." In the opinion of this reviewer, this purpose has been accomplished in a comprehensive, interesting, and useful manner. The author traces the historical development of our concern about the conditions under which children live; describes the translation of this concern into local, state, national, and international programs of child welfare; suggests further program developments.

The book is carefully divided and subdivided into short and complete chapters and sections, each one followed by a listing of supplementary readings. Careful indexing makes it possible to find information readily on any part of the material—"adoptions," "behavior difficulties," "day care services," "foster parents," to quote a few of the index listings at random. The author does not attempt to deal with each facet of child welfare exhaustively or to go deeply into treatment techniques and skills. Rather, she gives a broad, general picture, outlines basic principles, and then refers the reader to additional material on the subject. She reminds us that the principles and appoaches which she suggests are not final. "We cannot say that this is *the* way, but only that it is *a* way that we think will help children to achieve a happier life."

Students and teachers in colleges universities, and schools of social work will find "The Child and His Welfare" most useful. Employed workers

(Continued on page 223)

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CHILDREN'S HOME director or possibly boys' cottage supervisor has B.S. 8774 Survey.

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HARVARD graduate (degree in Education), Jewish, 50, single, desires position as Superintendent of Home for Boys. 8777 Survey.

POSITION WANTED on administrative level of local or state family-child welfare program or community organization services. 19 years experience as case worker; executive of public assistance agency, private family agency and council of social agencies; field consultant in welfare services and intercultural relations, national agency. Limited experience in fund raising. Mature married man. Graduate work completed. 8776 Survey.

EXPERIENCED EXECUTIVE, male, age 35, desires position with Jewish or non-sectarian children's agency, institution, or welfare council. 13 years in administration, supervision, casework and group work. School of Social Work graduate. 8755 Survey.

HOMEWORK desired by young woman, two small children, typing, manuscripts, addressing, colating, complete knowledge of office routine. 8750 Survey.

GRADUATE New York School, substantial executive experience both family and children's agencies, will consider change to agency wanting progressive, up-to-date program. 8742 Survey.

MAN, fifteen years in case and group work, five years in teaching, member A.A.S.W. and A.A.G.W. M.S. in Education. Work of institutional nature preferred, other considered. Available in June. 8760 Survey.

MAN, married, age 50, excellent references, experience; psychiatric case work, children, adults; administration, community organization, industrial relations, available. 8716 Survey.

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Blind

AMERICAN FOUNDATION FOR THE BLIND, INC.—15 West 16th Street, New York. A national organization conducting research and field service. Library. Mechanical appliances for the blind. William Ziegler, Jr., President; Robert B. Irwin, Executive Director.

Community Chests

COMMUNITY CHESTS AND COUNCILS, INC., 155 East 44th Street, New York. Information and consultation about cooperative planning and financing of social work through chests and councils of social agencies.

Family Living

ASSOCIATION FOR FAMILY LIVING, THE. Resource in child guidance, marriage, and family relations. Speakers, counseling, library and materials in youth and parent education. 209 S. State St., Chicago.

THE AMERICAN INSTITUTE OF FAMILY RELATIONS (inc. 1930), directed by Paul Popenoe. Public education, personal service, research. Write for list of publications. 5287 Sunset Blvd., Los Angeles 27, Calif.

Foundation

RUSSELL SAGE FOUNDATION, 130 E. 22 St., New York 10. Departments: Industrial Studies, Social Work Administration, Studies in the Professions, Social Work Year Book, Library, Publications. Library hours are 9 a.m. to 9 p.m., Monday through Friday; 9 a.m. to 1 p.m., Saturday. From June 14 to August 27, the Library will be closed on Saturday and at 6 p.m. Monday and Friday.

Industrial Democracy

LEAGUE FOR INDUSTRIAL DEMOCRACY—Promotes a better understanding of problems of democracy in industry through its pamphlets, research and lecture services and organization of college and city groups. Executive Director, Harry W. Laidler, 112 East 19th Street, New York 3, N. Y.

Racial Adjustment

NATIONAL URBAN LEAGUE with 54 branches seeks to improve living and working conditions among Negroes. Conducts surveys and research as basis for its services. During war and post-war period specializes in securing full use of Negro manpower in production and reconversion. Publishes "Opportunity," Journal of Negro Life, and other special bulletins on interracial and community problems. Provides fellowships in Social Work and Labor Relations. Gifts solicited. 1133 Broadway, New York 10.

TUSKEGEE INSTITUTE, since 1881, has followed a program of service in offering practical training for Negro youth and in promotion of interracial good will. Maintains Department of Records and Research for compiling and releasing pertinent information on race relations and Negro progress. Published material available. F. D. Patterson, President, Tuskegee Institute, Alabama.

Child Welfare

BOYS' ATHLETIC LEAGUE, INC., 112 East 19th Street, New York 3. Algonquin 4-1753. Arranges invitation tournaments in indoor and outdoor sports for Boys' Clubs, Social Settlements, Community Centers, Church Houses, Y. M. C. A.'s, Y. M. H. A.'s, etc., throughout Greater New York. Gustavus T. Kirby, Honorary President; Malcolm Van Zandt, President; Stanley deJ. Osborne, Treasurer; Willard L. Kauth, Director. Sponsors: The Benjamin Harrison Recreation Center, 657 Tenth Avenue; The Lincoln Recreation Center, 235 West 113 Street; Tot-Lot Playground, 422 West 49th Street; Camp Sebago, Camp Wakonda and Camp Orenda in the Palisade-Interstate Park; Co-Sponsor School Settlement, 120 Jackson Street, Brooklyn; Lafayette Community Center, Sumner and Lafayette Streets, Brooklyn.

BOY SCOUTS OF AMERICA, 2 Park Ave., N.Y.C. Inc. in 1910 & chartered by Congress in 1916 to develop character in boys & train them in citizenship. Programs: Cubbing, boys 9-11; Scouting, 12 and older; Senior Scouting, 15 years and older, available locally through sponsorship by schools, churches, fraternal orders, civic groups, etc. Amory Houghton, Pres., Dr. Elbert K. Fretwell, Chief Scout Executive.

CAMP FIRE GIRLS, INC., 16 East 48 Street, New York City 17. Dr. Bernice Baxter, President; Miss Martha F. Allen, National Executive. Founded by a group of educators; incorporated 1912. Oldest national organization in America serving girls, provides health and character building program, with emphasis on home skills. Age groups served are Blue Birds (7-9 years), Camp Fire Girls (10 through junior high school age), and Horizon Clubbers (senior high through junior college).

CHILD WELFARE LEAGUE OF AMERICA—130 E. 22nd Street, New York City. A league of children's agencies and institutions to secure improved standards and methods in their various fields of work. It also cooperates with other children's agencies, cities, states, churches, fraternal orders and other civic groups to work out worthwhile results in phase of child welfare in which they are interested.

THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, INC., 11 South LaSalle Street, Chicago 3, Illinois. E. W. Palmer, President; Lawrence J. Linck, Executive Director. The Society through its 2000 state and local member units seeks to provide health, welfare, educational, recreational, vocational and employment services to all types of handicapped persons, adjusting its services to each community and the programs of other agencies. Maintains special cerebral palsy services; consultation by professional staff; loan library. Financed by annual sale of Easter Seals. Publishes "The Crippled Child," a magazine for parents of handicapped children, bimonthly, $1.00 a year.

National Conference

NATIONAL CONFERENCE OF SOCIAL WORK, 82 N. High St., Columbus, Ohio; Ralph H. Blanchard, President, New York, N. Y. The Conference is an organization to discuss the principles of humanitarian effort and to increase the efficiency of social service agencies. Each year it holds an annual meeting, publishes in permanent form the Proceedings of the meeting and issues a quarterly Bulletin. Proceedings are sent free of charge to all members upon payment of a membership fee of $7.50. 76th Annual Meeting, June 12-18, 1949, Cleveland, Ohio.

This DIRECTORY appears in Survey Midmonthly twelve times a year. Rates are 30 cents a line (actual) per insertion. For information contact the Advertising Department.

Health

AMERICAN HEARING SOCIETY—817-14 St., N.W., Fifth Floor, Washington 5, D.C. A national organization devoted to prevention of deafness, conservation of hearing and rehabilitation of the hard of hearing. Monthly publication, HEARING NEWS, $3.00 a year. Literature for sale. Information given concerning problems of the hard of hearing. Field Service. C. Stewart Nash, M.D., president; Harry P. Wareham, Executive Vcie President.

NATIONAL JEWISH HOSPITAL AT DENVER, 3800 East Colfax Ave., Denver, Colorado. Samuel Schaefer, Executive Director, Allan Hurst, M.D., Medical Director. Free, non-sectarian for needy tuberculous adults and children. (Kosher dietary.) Maintains children's service. Medical, educational, vocational, occupational, psychological, psychiatric and social services. H. J. Corper, M.D., Research Director; Mrs. Ruth Hornbein, Director of Social Service and Vocational Therapy. New York area: 19 West 44th Street, Philip Houtz, director; applications to Mrs. Erna L. Lindebaum, director of Social Service. Philadelphia area: 1831 Chestnut St., David Mahler, director. Chicago area: 58 E. Washington, Gene Pollick, director. Los Angeles area: 747 So. Hill St., Albert J. Silverman, director. Other applications through local Jewish Federation and Welfare Funds or direct to Hospital.

NATIONAL TUBERCULOSIS ASSOCIATION—1790 Broadway at 58th St., New York. Dr. Kendall Emerson, managing director. Pamphlets of methods and programs for the prevention of tuberculosis. Publications sold and distributed through state associations in every state. American Review of Tuberculosis, medical journal, $8.00 a year; and Monthly Bulletin, house organ, free.

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. (formerly Birth Control Federation of America)—A clearing house cooperating with social workers in referring mothers to medically directed birth control clinics in 39 states, including 20 centers in Greater New York. In areas lacking centers, qualified physicians are available. Phone or write: 501 Madison Avenue, New York City; PLaza 5-8600. Honorary Chairman, Margaret Sanger. Chairman, The Rev. Cornelius P. Trowbridge; Acting Medical Director, L. E. King, M.D.

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Penology

THE OSBORNE ASSOCIATION, INC., 114 East 30th Street, New York, N. Y. Telephone CAledonia 5-9720-9721. Activities: —Collects information about correctional institutions and works to improve correctional methods and standards. Aids released prisoners in their problems of readjustment by securing employment and giving such other assistance as they may require. Austin H. MacCormick, Exec. Dir. Robt. R. Hannum, Dir. of Vocational Placement.

Social Work Personnel

SOCIAL WORK VOCATIONAL BUREAU, 122 East 22nd Street, New York 10. National membership personnel record service. Professional histories available to prospective employers upon request. Counseling and Placement Service discontinued February 1, 1948. Joe R. Hoffer, Executive Director.

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Directory of Social Organizations (cont.)

Religious Organizations

HOME MISSIONS COUNCIL OF NORTH AMERICA—297 Fourth Ave., New York City. The inter-denominational home mission body of 23 denominations. Executive Secretaries, Edith E. Lowery, Mark A. Dawber; Migrant Supervisors: Western, Mrs. F. E. Shotwell, 3330 West Adams Blvd., Los Angeles, Calif.; Mid-Western, The Rev. Ellis Marshburn, 203 North Wabash Ave., Chicago, Ill.

NATIONAL JEWISH WELFARE BOARD, 145 East 32nd Street, New York 16, N. Y. Frank L. Weil, President; Joseph H. Cohen, Treasurer; Joseph Rosenzweig, Secretary; S. D. Gershovitz, Executive Director, A national agency serving as National Association of Jewish Community Centers, YMHA'S, etc., and providing welfare, religious and social activities for soldiers and sailors and other members of armed forces. A member of the United Service Organizations.

NATIONAL BOARD, YOUNG WOMEN'S CHRISTIAN ASSOCIATION, 600 Lexington Ave., New York City. An international Christian woman movement devoted to service for women and girls and the attempt to help build a society in which the abundant life is possible for every individual.

NATIONAL COUNCIL OF YOUNG MEN'S CHRISTIAN ASSOCIATION—347 Madison Ave., New York City; 1201 local Associations federated for Christian leadership and citizenship training among young men and boys.

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(Continued from page 221)

in any of the many programs concerned with the health, education, and social welfare of children will be grateful for so much information and real help in one volume and so will the general reader who cares about the well-being of the one third of our population who are children.

MOSS TYLER
School of Social Welfare
Louisiana State University

HOW TO INTERPRET SOCIAL WELFARE, by Helen Cody Baker and Mary Swain Routzahn. Russell Sage Foundation. $2.50.

THE AUTHORS OF THIS SHORT VOLUME have called their work a "basic study course" in public relations. Let no one draw the conclusion, however, that this is merely another one of those traditionally vague abstracts on the philosophy of interpretation. Rather, it is a book about practical problems that confront the social agency, large or small, which is trying to make itself heard and understood by a variety of audiences. Two distinguished authorities have here combined to chart the most informative, useful, and readable guide yet to appear on the subject.

While this is a book about practical problems, it is even more a down-to-earth course in the use of modern public relations tools in the health and welfare services. Written for professional workers, administrators, and volunteers "who, day by day, must answer questions, speak to audiences, or write letters or bulletins," the book should also serve students as an illuminating introduction to the field of public relations.

The social worker who is called on to give an occasional radio talk, the lay chairman of a publicity committee who releases material to the newspapers, and the busy executive who writes the annual report, will find in these pages practical suggestions to make their tasks lighter. For the authors have not only contributed richly from their own experience, but have documented their chapters with living examples of modern practices and techniques that have proved successful in the field.

The reader can profit from a variety of selected illustrations that demonstrate, among other methods, the effective construction of a thank-you letter, eye-catching design of a report cover, use of comic strips as features of agency bulletins or the place of pictographs in humanizing statistics.

Although the book presents its material in much the same framework as its 1937 predecessor "How to Interpret Social Work," almost all of its content is new. The present volume has an added chapter on the social agency and its publics—a chapter that will give many agency interpreters a clearer pitcure of the publics from which, at one time or another, they seek understanding, goodwill, financial assistance, or participation in their programs.

Anyone concerned with agency interpretation—and who in the field of health and social welfare is not?—or those who simply want to know something about public relations, will prize this brief but comprehensive text.

WILLIAM A. PLATT
Community Service Society
New York City

A HANDBOOK FOR SOCIAL AGENCY ADMINISTRATION, by Elwood Street, Harper. $3.

THIS BOOK WAS PUBLISHED IN A smaller edition in 1931 under the title "Social Work Administration." In the preface the author, though taking full responsibility for the book, explains that to an unusual extent it is the result of group thinking, including appraisal by social work administrators and intensive discussion by a group of agency executives and sub-executives, under Mr. Street's leadership.

The author's philosophy of "participation in social management," appears in chapter two, headed "Shared Administration." It will not appeal to an autocratic executive. Democratic in nature, it places stress on the importance of participation in administration by both staff and committees of social agencies. The theme is referred to frequently in succeeding chapters, though the author might well have developed it even more fully.

The material throughout the book is detailed and specific. The experienced executive will skim some of it rapidly, but will frequently find himself slowed down by some thought-provoking idea or viewpoint. He will also use it as a handbook for reference, as its title indicates.

The book should be read carefully by students and persons newly occupying administrative positions in social agencies. The literature for teaching in this field is very limited and many agencies give little opportunity to staff members, other than the executive, to gain experience in administration. Social work has been short of trained and

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Social Therapy and Psychotherapy—Discussions of Current Practice

JUNE, 1948

JOURNAL OF SOCIAL CASEWORK

Two papers originally presented at the April meeting of the National Conference of Social Work:

Trends in Differential Treatment in Social Casework, by Lucille N. Austin

Developments in Differential Treatment in Psychiatry, by Dr. Peter B. Neubauer

Other articles in the June issue deal with group therapy in sibling rivalry, homemakers in a family agency, intake in a day nursery, social casework in Prague.

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experienced executives and has too often looked to persons whose competence and experience as administrators has been gained in other fields. Elwood Street's book is an important contribution to efficient administration in the social work field.

ELLERY F. REED
Director of Research, Community Chest, Cincinnati, Ohio

ADMINISTRATION OF THE MODERN CAMP. Edited by Hedley S. Dimock. Association Press. 4.

THE CAMP EXECUTIVE WILL FIND IN this book a welcome synthesis of the best modern thinking about what a camp can do to develop and socialize the camper, and how to do it.

Addressed primarily to the camp administrator, whose job "is inseparably woven into the very fabric of camp life," the book, which is organized in chapters by authorities on various aspects of camp organization, offers a blueprint for optimum organization of the camp community to such ends as development of a sense of at-homeness in the natural world; education for safe and healthful living; for constructive use of leisure; democratic and community living; personality development; and development of spiritual meanings and values.

The organized camp, which has evolved within the century from earlier emphasis on recreation and education, to a stress on socialization and democratic living, offers tremendous possibilities for growth to the camper, writes Mr. Dimock. In such a program, it is not enough for the camp administrator to "get things done," Louis H. Blumenthal declares. His central task concerns the development of "harmonious and effective community life in which the individual becomes a better person because of the group experience."

When it comes to other camp personnel, according to E. De Alton Partridge, "general personality factors that go to make up a rounded, intelligent, and cooperative person seem to outweigh the specific skills."

BARBARA BENT BATES

(Continued from page 219)

bringing Negro and white children of their congregations into one another's homes."

Died

Monsignor Edward J. Flanagan, famed founder of Boys Town Home at Boys Town, Nebraska, died in Berlin in May at the age of sixty-one, during an inspection trip of German youth facilities for the U. S. Army.

Monsignor Flanagan, who won international recognition of his credo, "There is no such thing as a bad boy," started his famous home in 1917 with two newsboys and three lads charged with juvenile delinquency. The institution has now grown into an incorporated village of 160 acres, housing 500 boys of all races and religions.

Many honors have come to Monsignor Flanagan and Boys Town. He served for ten years as president of the Omaha Welfare Board, and was elected Omaha's "First Citizen" by Post No. 1, American Legion, Omaha, in 1930 Spencer Tracy presented to Monsignor Flanagan his award from the Academy of Motion Pitcure Arts and Sciences for his performance in the movie "Boys Town," based on the story of this institution.

James E. West, beloved chief executive of the Boy Scouts of America for thirty-two years and chief scout of the organization since his retirement in 1943, died in May in New Rochelle (N.Y.) on the eve of his seventy-second birthday.

In 1911, Mr. West left a promising law practice to head the young scout organization then numbering 61,495 boys and leaders. When he retired in 1943, there were 1,553,080 active Scouts and leaders.

Mr. West's interest in youth was wide. It was his foresight which led President Theodore Roosevelt to call the first White House Youth Conference in 1909, and he was active in every subsequent White House conference. He organized the National Child Rescue League and served as its secretary.

He received awards from several foreign Scout organizations as well as the 1940 gold medal of the National Institute of Social Sciences.

Fred M. Butzel, attorney and welfare leader, died in May in Detroit, at the age of seventy. Long active in social welfare, Mr. Butzel served as chairman of the executive committee of the Jewish Welfare Federation and gave extensive assistance to the Red Cross program. He was a vice-president of the Detroit Community Fund and president of the Ford Republic School for Boys.

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